

CAMP APPLICATION 2023

NORTH SHORE HOLIDAY HOUSE accepts female campers who are between the ages of 7 and 15 years old.

*USDA income guidelines for free or reduced lunch eligibility must be met.
You must provide proof of residency in Nassau or Suffolk county on Long Island, New York.



Complete the checklist below before mailing your application.
Please note that incomplete applications will not be considered.
Application deadline: 06/01/23

We encourage you to scan and email your application to info@nshh.org.
Please ensure the application is in the correct order. Applications sent via email are not subject to the \$20 administration processing fee.

Alternatively you can mail your application and the \$20 administration fee to the following address: 74 Huntington Rd, Huntington NY, 11743.

- | | |
|---|--------------|
| <input type="checkbox"/> Camper Information and Camp Preparation | Page 1 - 4 |
| <input type="checkbox"/> Agreement and Release of Liability | Page 5 |
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| <input type="checkbox"/> Camper Health History Form 1 | Page 7 |
| <input type="checkbox"/> Camper Health History Form 2 (Filled out by a physician) | Page 8 |
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If you have any special concerns or questions, please contact camp at (631) 427-7630.

You can also visit our website www.nshh.org or send an email to info@nshh.org.

We are following all CDC guidelines regarding COVID-19. There will be protocols in place to ensure the safety of our campers and staff. Protocols will be detailed on our website prior to camp.

Higher incomes will be considered on a case by case basis

PARENT/LEGAL GUARDIAN MUST COMPLETE

Camper's Name _____ Date of Birth ____/____/____
(First) (Last) (Month) (Day) (Year)

Age _____ Grade Entering in September 2022 _____ School Name _____

Address _____ Phone (____) _____
(Street) (Town) (State) (Zip Code)

Email Address _____ Parent Cell Phone (____) _____

Returning Camper? Yes No In what years did your child attend camp? _____

FAMILY DATA:

Camper lives with Mother Father Foster Parent Guardian Single Parent Household? Yes
 No

Mother's Name _____ Father's Name _____

Foster Parent/Guardian's Name _____ Guardian's Relationship _____

Please list all individuals living with the child (continue on the back of page if needed):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is either Parent authorized to pick up the camper? Yes No

Referring Agency or Elementary School: _____

Name of Social Worker _____ Phone _____

Check if you give NORTH SHORE HOLIDAY HOUSE permission to call a Social Worker or Agency if a consultation is necessary.

CHILD'S BACKGROUND

Have any of the following happened in the past year? *(Please check)*

- Death of a Relative
 Illness
 Accident
 Hospitalization
 Foster Care
 Homelessness
 Separation from Either Parent
 Covid-19
 Other (please explain):

Please select the child's ethnic origin and racial category or categories with which she most closely identifies by checking off as many as apply.

- Ethnicity: Hispanic or Latino Not Hispanic or Latino
 Race: American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander
 Black or African American White/Caucasian

SESSION REQUESTED (List 1st, 2nd, 3rd, 4th choice of camp session dates)

We limit camp sessions to one session per child. You will be notified by email of your acceptance. If you have not confirmed your camp session, be sure to contact us before the start of camp.

Camp Session Dates: Mark selection (1st--2nd choice)

- SESSIONS FOR AGES 7-11 6/26 - 7/7 7/10 - 7/21 7/24 - 8/4
 SESSIONS FOR AGES 12-15 8/7 - 8/11 8/14 - 8/18

EMERGENCY CONTACTS

Please list three people who will be responsible for the camper if the parent or legal guardian is not available. Information on all three contacts is required and must be filled out completely.

Please designate (check) an emergency contact who would be authorized to pick up the child.

- Name _____ Relationship _____ Phone/cell (____) _____
 Name _____ Relationship _____ Phone/cell (____) _____
 Name _____ Relationship _____ Phone/cell (____) _____

Signature is required

Parent/Legal Guardian's Signature

Date

Printed Name of Parent/Legal Guardian

Relationship to Child

CAMP PREPARATION

I give HOLIDAY HOUSE permission to have my child participate in field trips, including the transport for the same.

CAMPER IS: EXCITED NOT EXCITED UNSURE about attending camp

Camper's expectation/goals for camp experience: _____

Parents' expectations for camp experience: _____

Activities camper is looking forward to doing at camp: _____

Any concerns/issues camper has that may affect her behavior at camp: _____

How does your child deal with conflict? _____

CAMP READINESS *(Parents please review and check off these issues with your camper):*

- My camper understands that she will be expected to follow the camp rules during her stay.
- My camper knows that electronic devices, including cell phones, laptops, etc. are not allowed at camp.
- My camper understands that camp is not responsible for any damage to personal belongings.
- My camper is prepared to treat others with kindness and respect (not tease, bully or "put down" others.)
- My camper will take responsibility for her own hygiene on a regular basis (brush teeth, wash hair, etc.)
- My camper is prepared to keep her space tidy and assist others with cleaning the entire cabin.
- My camper is prepared to go to an adult for help if she has issues with other campers.
- My camper is prepared to follow all health and safety guidelines related to COVID-19 (washing hands, social distancing, etc.)

ADDITIONAL COMMENTS:

FEES

Camp is tuition free, however, we do require a non-refundable \$20 processing fee if your application is sent via mail. The fee must be in the form of cash or a Money Order and must accompany the application.

I have enclosed the \$_____ processing fee.

For Office Use Only:

PROCESSING FEE ENCLOSED _____

DATE RECEIVED _____ ACCEPTANCE _____ CONFIRMATION FROM PARENT _____

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of Camper named above (“Camper”) being allowed to attend sleep-away camp and participate in the activities and programs at the NORTH SHORE HOLIDAY HOUSE, a New York not-for-profit Corporation (the “HOLIDAY HOUSE”), and to use its facilities and equipment, in addition to the payment of any fee or charge, and as a condition of enrollment, Parent (or Legal Guardian) does hereby indemnify, waive, release and forever discharge HOLIDAY HOUSE and its members, managers, directors, officers, agents, employees, representatives, successors and assigns, administrators, executors, and all others associated with HOLIDAY HOUSE from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or programs of HOLIDAY HOUSE or the Camper’s use of the facilities, equipment or machinery in the such activities or programs. Parent (or Legal Guardian) does also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to Camper, including those caused by the ordinary negligence of any of those mentioned or others acting on their behalf or in any way arising out of or connected with Camper’s participation in any activities of HOLIDAY HOUSE or the use of any facilities/equipment or machinery at HOLIDAY HOUSE and including those caused by the COVID-19 virus. I acknowledge and understand that this release is given in advance of any injury or damage to Camper and that it includes injury or damage to Camper caused by the ordinary negligence of those released hereby but not from the claims related to gross negligence or willful/wanton/criminal/intentional conduct or acts of those who are otherwise released hereby. Parent (or Legal Guardian) understands that he/she is giving up substantial rights (including the right to sue) and acknowledges that he/she is signing this document freely and voluntarily and intends by his/her signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____

2. Parent (or Legal Guardian) acknowledges and fully understands that swimming, camping, hiking, martial arts, outdoor cooking, activities involving animals, out-door activities and certain arts and crafts projects, including the use of equipment in connection with those activities, are potentially hazardous activities. Parent (or Legal Guardian) also understands that such activities have inherent potential risks and dangers and acknowledges and agrees that there is a risk of significant injury from participating in such activities, including permanent paralysis and death. Inherent risks also include, but are not limited to, acts or omissions of other campers, the condition of equipment or property (even if properly maintained), weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes and the like), the risk of Camper engaging in unauthorized activities, Camper’s physical condition and Camper’s own act or omissions. Parent or Legal Guardian of Camper gives permission for Camper to participate in the activities and programs of HOLIDAY HOUSE including off-site field trips, and Camper is voluntarily participating in these activities and using facilities, equipment and machinery, with knowledge of the dangers and inherent risks involved. Camper and Parent (or Legal Guardian) hereby agree to expressly assume and accept any and all risks of injury or death.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____

3. Parent (or Legal Guardian) represents and warrants to HOLIDAY HOUSE that Camper is above the minimum age of 6 years required to participate in the sleep-away camp and is in good health and suffering from no condition, impairment, disease, infirmity or other illness that would prevent his participation or use of equipment or machinery except _____ (continue on separate page if necessary). Parent (or Legal Guardian) acknowledges that he/she has consulted with the Camper’s personal physician who has certified that Camper is fit to participate in an active camp program.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____

The parties agree that the provisions of this “Agreement and Release of Liability” (“Agreement”) shall be deemed severable and that the invalidity or unenforceability of any one or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the State of New York. This Agreement shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

Parent/Legal Guardian’s Signature

Printed Name of Parent/Legal Guardian



PHOTOGRAPHY RELEASE AND WAIVER

I hereby grant permission to the NORTH SHORE HOLIDAY HOUSE, a New York Not-For-Profit Corporation ("HOLIDAY HOUSE"), and its members, managers, directors, officers, agents, employees, representatives, successors and assigns, and all others associated with HOLIDAY HOUSE, to photograph my image, likeness, or depiction and/or that of my minor children. I hereby grant permission to the HOLIDAY HOUSE to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used and/or reproduced by the HOLIDAY HOUSE worldwide for any purpose, including advertisement purposes, and in any medium, including print and electronic. I understand that the HOLIDAY HOUSE may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the HOLIDAY HOUSE's use or publication of photographs of me and/or those of my minor children.

I hereby fully and forever discharge and release the HOLIDAY HOUSE from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children by the HOLIDAY HOUSE, and covenant and agree not to sue or otherwise initiate legal proceedings against the HOLIDAY HOUSE for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

Parent/Legal Guardian's Signature

Printed Name of Parent/Legal Guardian

Name of Minor

Date



CAMPER HEALTH HISTORY FORM 1
(This form must be filled out by a Parent/Legal Guardian)

Camper's Name _____ Date of Birth ____/____/____
(Last) (First) (Month) (Day) (Year)

Address _____ Phone (____) _____
(Street) (Town) (State) (Zip Code)

Email Address _____ Parent/Legal Guardian Cell Phone (____) _____

Parent/Legal Guardian with legal custody to be contacted in case of illness or injury:

Name _____ Relationship to Camper _____

Email Address _____ Preferred Phone (____) _____

Second Parent/Legal Guardian or another emergency contact:

Name _____ Relationship to Camper: _____

Email Address _____ Preferred Phone (____) _____

HEALTH HISTORY: (please check all that apply and explain)

- ADD/ADHD Anxiety Asthma Bed wetting
- Behavioral issues Diarrhea/Constipation Ear infection Glasses
- Headaches Menstruation Nosebleeds Psychiatric diagnosis
- Respiratory disorder Skin problems Sleep walking
- Other _____

Explanation _____ Past

History of Hospitalization/Surgery _____ Special

Needs _____

ALLERGIES: No known allergies

This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.)

Other _____

(Please describe above what the camper is allergic to and the reaction seen)

DIET:

Please describe below any dietary restrictions that need to be followed.

CAMPER HEALTH HISTORY FORM 2

(This form must be completed by a Healthcare Provider and be dated within one year of attending camp)

Camper's Name _____
(Last) (First)

Date of Birth ____/____/____
(Month) (Day) (Year)

Name of Healthcare Provider _____
(Last) (First)

Exam Date ____/____/____
(Must be within the past 12 months)

Please complete the following or attach a copy of most recent physical:

I have attached a copy of the most recent physical (dated within the past 12 months)

Height _____ Weight _____ BP _____ Pulse _____ PPD _____
 Urinalysis _____ Scoliosis _____ Hearing _____ Vision _____ BMI _____

Please complete the following regarding the camper's history of immunizations:

I HAVE ATTACHED A COPY OF THE CAMPER'S IMMUNIZATION RECORDS.

MEDICATIONS: ("Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications must come in their original packaging and be accompanied by a doctor's written orders.)

This camper **will take** the following daily medication(s) while at camp:

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

Please continue on the back for additional medications

The following medications are available in the camp infirmary and **will be only given** as needed by camp medical professional with your doctor's approval as per package instructions:

Drug Name (or generic)	Indications	Can be used?	Dosage
Anbesol	Tooth pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Antibiotic Cream	Superficial Cuts/ Abrasions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Benadryl	Allergic Reaction (Hives, Insect Bites)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Calamine Lotion	Allergic Reaction (Hives, Insect Bites)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Children's Tums	Upset Stomach, Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Hydrocortisone Cream 1%	Allergic Reactions (Contact Dermatitis, Bites)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Ibuprofen	Pain or Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Milk Of Magnesia	Constipation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Swim Ear-Ear Drops	Ear Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tylenol	Pain or Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Approval for participation in activities - The above named child is able to participate in an active camp program: Yes No

Physician/Healthcare Provider's Signature

Date of Examination

Printed Name

License Number & Stamp

Address

MENINGOCOCCAL DISEASE FACT SHEET

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact by nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated? Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

There are three vaccines available for the prevention of meningitis. The preferred vaccine for people ages 2-55 years is Meningococcal conjugate vaccine (MCV4). This vaccine is licensed as Menactra (sanofi pasteur) and Menveo (Novartis). Meningococcal polysaccharide vaccine (MPSV4; Menomune [sanofi pasteur]), should be used for adults ages 56 and older. The vaccines are 85 to 100 percent effective in preventing the four kinds of meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

The three vaccines available to prevent meningococcal meningitis are safe and effective. However, the vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is routinely recommended for all adolescents ages 11-12 years, all unvaccinated adolescents 13-18 years, and persons 19-21 years who are enrolling in college. The vaccine is also recommended for people ages 2 years and older who have had their spleen re- moved or have other chronic illnesses, as well as some laboratory workers and travelers to endemic areas of the world.

Who needs a booster dose of meningococcal vaccine?

CDC recommends that children ages 11 or 12 years be routinely vaccinated with Menactra or Menveo and receive a booster dose at age 16 years. Adolescents who receive the first dose at age 13-15 years should receive a one-time booster dose, preferably at ages 16-18 years. Teens who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose, as long as they have no risk factors. All people who remain at highest risk for meningococcal infection should receive additional booster doses. If the person is 56 years or older, they should receive Menomu.



PARENTAL CONSENT TO TREATMENT

I hereby give permission to NORTH SHORE HOLIDAY HOUSE to provide routine health care, administer medications ordered by a physician, and seek emergency medical treatment including ordering x-rays and/or routine tests. I give permission to the Camp Director to determine if circumstances merit the necessity of a child to be sent home. I give permission for the camp to arrange for necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NORTH SHORE HOLIDAY HOUSE to secure and administer treatment, including hospitalization for the camper named above. The completed form may be photocopied for trips out of camp. I also understand and agree to abide by any restrictions placed on my child's participation in camp activities. I give permission for my child to receive any and all medication prescribed by the physician noted on the doctor form. I give permission for camp personnel to apply sunscreen to my child.

Parent/Legal Guardian's Signature

Printed Name of Parent/Legal Guardian

Name of Minor

Date

ACKNOWLEDGEMENT OF INFORMATION REGARDING MENINGOCOCCAL MENINGITIS DISEASE

- I have read, or had explained to me, the information regarding meningococcal meningitis disease.
- I understand the risks of not receiving the vaccine. My child has not obtained immunization against meningococcal meningitis disease at this time.
- My child has received meningococcal meningitis immunization within the last 10 years. (See required immunization record for date).

Parent/Legal Guardian's Signature

Printed Name of Parent/Legal Guardian

Name of Minor

Date



CAMPER ESSAY

Mandatory section to be completed by the camper:

Please tell us about yourself. Why do you want to go to camp? You can include information about home, pictures, what you enjoy about camp or how you imagine life at camp.

For returning campers please tell us your favorite thing about camp and one thing you learned last summer.

My name is _____

I am _____ years old and in _____ grade at
_____ school...

Attach a photo of yourself or draw a picture above.

You may use the back of this sheet if you need more space.

Date Withdrew _____

F ____ R ____ D ____

2022-2023 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **(phone number)**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: (School Name)
(Street Name)
(City, State, Zip Code)

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-____-____

I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

SCOPE

CAMP SCHOLARSHIP APPLICATION – 2023



TO BE COMPLETED BY PARENT/GUARDIAN:

Camper's Full Name:		Please Circle One: MALE FEMALE	
Birth Date:	Age as of 7/1/2023:		
Public School*: <small>*PLEASE NOTE: <u>ONLY CHILDREN WHO ATTEND PUBLIC OR PUBLIC CHARTER SCHOOL ARE ELIGIBLE FOR PARTICIPATION</u></small>	Grade Completed in June 2023:		
Please Circle:		First Time Camper	Returning Camper
How Did You Hear About Camp/Who Referred You to Camp (organization or individual)?			
Parent/Guardian:		Relationship to Child:	
Address:			
City:	State:	Zip:	
Email:			
Preferred Telephone:	Single Parent Household? <input type="checkbox"/> YES		

Is Child on Honor Roll (or academic equivalent such as merit list, etc):	<input type="checkbox"/> YES
Please List any Awards or Honors the Child Has Received at School (can be academic, arts, sports, etc):	
Does the Child Participate in an After School Program at school or through a community organization (if yes, please list organization):	

I certify that all the information in this application is true and correct. I consent to the use of photographs, letters, images and video taken of my child taken at camp for SCOPE public relations efforts. I understand that I must complete all of the paperwork requested by the camp, and a physician must complete the medical form sent by the camp about my child's health history. I understand that this summer camp opportunity is a privilege provided courtesy of SCOPE, and I will make sure that my child arrives promptly at camp on the designated start date. I understand that the application to the SCOPE program does not guarantee participation. I further understand that SCOPE is merely a funder for this project and is not liable for any issues between a camp and an enrolled child.



Signature of Parent/Guardian

Printed Name

Date

To the Parent/Guardian: Please give your child this page to complete. This information is necessary to receive a SCOPE scholarship.

TO BE COMPLETED BY THE CAMPER:

In order to receive a camp scholarship from SCOPE, we ask that you make a commitment to your education and stay in school. Please read and sign the statement below:

I recognize the importance of my education and:

- *I will strive to do my best in school*
- *I will make the commitment to stay in school*

(Camper signature)

(Date)

Please write about yourself and why you want to go to camp.

This can include information about home, your interests, how you imagine life at camp will be or what you hope to learn at camp.

For Returning Campers, tell us your favorite thing about camp and something you learned there.

You may use an extra sheet if you need more space.

I want to go to camp because...

OR for returning campers: I want to go back to camp because...

REQUIRED DOCUMENTATION OF CHILD’S ELIGIBILITY

PLEASE NOTE: A letter from your child’s school or referring agency (other than camp) stating that the child is enrolled at public or public charter school and qualifies for free or reduced lunch, is acceptable in lieu of two separate forms of documentation. This must be on official letterhead from the organization and signed by an official school or appropriate organization representative.

PUBLIC or PUBLIC CHARTER SCHOOL ENROLLMENT

Please **check one box** to indicate selection below and **attach a copy of the selected document**:

- Report card from 2022-2023 school year; student’s name, date and grade must be visible
- Letter from public school or public charter school verifying child’s enrollment
- Letter from outside (non-camp) referring agency confirming child’s enrollment in public school or public charter school

PROOF OF INCOME

Please **check one box** to indicate selection below and **attach a copy of the selected document**:

- Letter on school letterhead stating the child qualifies for Federal USDA Free or Reduced Lunch Program in the 2022-2023 school year
- Award letter from: SSI (Supplemental Security Income), Food Stamps, or Medicaid with eligibility dates
- Copy of Public Assistance Benefit Card
- Application for 2023 USDA Free or Reduced Lunch or SFSP signed by a parent/guardian and a reviewing official with eligibility determination
- Copy of 2022 Tax Return – front page only; child must be listed as a dependent

*****TIP: If you have a letter from the public school saying that the camper qualifies for free or reduced lunch this is a valid document for proof of Public School AND proof of Income*****

***THE FOLLOWING WILL NOT BE ACCEPTED:**

1. W-2 FORM
2. PAYCHECK
3. HEALTH INSURANCE CARDS
4. UNEMPLOYMENT STATEMENTS
5. SOCIAL SECURITY or DISABILITY BENEFIT STATEMENTS (this is not the same as SSI)