

Campership Application

Camp Name: _____

Campership Recipient – Camper Name: _____

Camper Demographic Information

Camper Age: _____

Gender:

- Male
- Female
- Gender Nonconforming
- Prefer Not to Say

Race/Ethnicity (based on U.S. Census Report):

- Asian
- African American
- Hispanic or Latino
- Native American/Alaskan Native
- Pacific Islander/Native Hawaiian
- Caucasian
- Other
- Prefer Not to Say
- Multiracial

Camper Address: _____

City: _____ State: _____ Zip: _____

Name of Parent or Guardian: _____

Address (if different from camper): _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Why did you select this camper to receive a scholarship to your camp (consider your camp's criteria)?

Period attending camp: _____ to _____
Month/Day/Year Month/Day/Year

Total camper tuition/fee: _____

Amount tuition reduced by camp (if any): _____ Total scholarship dollars requested from fund: _____

Camp representative: _____

Signature: _____ Date: _____

Return to:

Camper Scholarship Program
American Camp Association
5000 State Rd. 67 North
Martinsville, IN 46151-7902