

**2020 Camp Lackawanna**  
**SUMMER CAMBERSHIP APPLICATION**

Lackawanna Presbytery

**Due by March 1<sup>st</sup> for first round consideration and May 1st for second round consideration**

**Return application to [lackawannacampership@gmail.com](mailto:lackawannacampership@gmail.com) OR**

**Mail to: 816 Olive Street, Scranton, PA 18510**

Purpose: Camperships are designed to fill financial needs after the camper and Parent / Guardian, youth programs, and church have made every effort to ensure a youth camper can participate in a summer experience.

Instructions: This form needs to be filled out completely including all signatures. All personal & financial information submitted in this application is kept strictly confidential. All the information is needed in order to ensure that we support as many campers as possible to come enjoy a summer experience. This application does not register a camper for the camp of their choice. If you have not received communication about this application within a month of submission, or have any questions, please call (570) 336-6236.

**Camper and Parent / Guardian Information**

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Reliable E-mail Address: \_\_\_\_\_

**Planned Summer Experiences in 2020**

In order to provide as many campers the opportunity to have a summer camp experience as possible, we ask that you share the summer plans for your camper.

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|---|--|--|
| <input type="checkbox"/> Overnight Camp       | <input type="checkbox"/> Day Camp                                  | <input type="checkbox"/> Sports / Athletic Camp    |
| <input type="checkbox"/> Other Religious Camp | <input type="checkbox"/> Academic Camp                             | <input type="checkbox"/> Family Tent / Camper Camp |
| <input type="checkbox"/> Scout Camp           | <input type="checkbox"/> Family Vacation (Disney, Sea World, etc.) |  |

**Campership Request**

_____ #of Campers attending Camp Lackawanna	_____ # of youth in the household
_____ # of family members in college	_____ # of adults in the household

\$\_\_\_\_\_ **Gross annual family home income from all sources – Mandatory**

**Cost of Fully Subsidized Week of Camp: \$400** (registering by April 1st) **or \$450** (registering after April 1<sup>st</sup>)

(Camperships are not available for Family Camp)

Cost of Camp:	\$ _____
Less Cost Provided by the Camper:	- _____
Less Cost Provided by the Family:	- _____
Less Cost Provided by the Church:	- _____
Net Campership Request:	\$ _____

Camperships are limited to no more than 50% of a single camp session experience cost. We ask that you only ask for what is needed as we have limited funds to help as many campers as possible. Please plan for First Time Camper discount in your request.

**Family Information – Mandatory to be filled out by Family**

Campership funds are used to help Campers enjoy a meaningful summer camp experience at picturesque Camp Lackawanna and are awarded to families with various needs including: unemployed head-of-household, medical hardship, low-income family, other siblings attending camp, among others. Briefly explain your need for campership assistance.

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*I understand that this is a request for financial assistance for my child to attend a Camp Lackawanna Summer Camp program on the basis of financial need. Grants will be made based on need and availability of funds and completion of application is in no way a guarantee of an award. I certify that this information is true and accurate.*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

**Church Information – To be filled out by Church Representative (if you have a home church)**

Please provide as much information as possible to assist the Campership Committee in evaluating this application. Please include the level of participation of the youth, his/her family, as well as other factors that should be considered.

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As a church leader, I hereby certify the youth above is an active member of my church or youth group. To the best of my knowledge all information provided is accurate.

Church Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If any information is not provided (as appropriate) this application **WILL NOT** be considered.

**FOR COMMITTEE USE ONLY:**

Date Received: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Amount Approved \_\_\_\_\_  Reason Not Approved: \_\_\_\_\_