



CAMPERSHIP APPLICATION

Accepted on a rolling basis.

The earlier in the year your application is received, the greater your chance of receiving a campership.

The information you provide on this form is for the campership application process only, and is strictly Confidential.

Camper (1) Name: _____ Name Called _____
Last First Middle Initial

Date of Birth ____/____/____ Gender: Male Female School Grade entering in September _____

*Preferred Camp Session (name and date) _____

Camper (2) Name: _____ Name Called _____
Last First Middle Initial

Date of Birth ____/____/____ Gender: Male Female School Grade entering in September _____

*Preferred Camp Session (name and date) _____

Camper (3) Name: _____ Name Called _____
Last First Middle Initial

Date of Birth ____/____/____ Gender: Male Female School Grade entering in September _____

*Preferred Camp Session (name and date) _____

***While we try to accommodate requests, we cannot guarantee placement in the preferred session.**

Custodial Parent/Guardian 1: _____

Address _____ / _____ / _____
Street Apt # City State Zip

Email address _____

Place of Employment _____

Occupation _____ Telephone (____) _____

Custodial Parent/Guardian 2: _____

Address _____ / _____ / _____
Street Apt # City State Zip

Email address _____

Place of Employment _____

Occupation _____ Telephone (____) _____

Johnsonburg Camp and Retreat Center • 822 Route 519 • Johnsonburg, NJ 07825

Phone: (908) 852-2349/2401 • Fax: (908) 852-0045 • Email: office@campjburg.org • Website: www.campjburg.org

Has your child(ren) attended Camp Johnsonburg before? Yes No If yes, when? _____

If no, how did you hear about us? _____

Are you a member of a church? Yes No Name of Church: _____

Address of Church: _____ / _____ / _____
Street Apt # City State Zip

Denomination: _____ Pastor Name: _____ Church Phone: (____) _____

FINANCIAL STATEMENT

HOUSEHOLD SIZE: Number of Adults _____ Number of Children _____

OUR TOTAL FAMILY INCOME: \$ _____

Please check ALL sources of income:

Wages Pension Public Assistance Child Support Social Security Other: _____

GROSS ANNUAL HOUSEHOLD INCOME? \$ _____

Have you received financial assistance from Camp Johnsonburg in the past? Yes No

Are you receiving financial assistance from another source? Yes No

If yes, name of source _____ Amount \$ _____

What amount can you pay, per child? \$ _____

Please indicate any special circumstances you feel have an impact on your financial need (this information will be confidential.) Attach a letter with more information, if needed.

1. I hereby certify that all the information given is true and accurate to the best of my knowledge.
2. I realize that this application is for financial assistance only and I must register for camp separately.
3. I agree to make payments and complete all forms by the stated due dates, to provide appropriate clothing and supplies, and to arrange timely transportation to and from camp (or bus) for my child(ren).

Signature of Parent/Guardian: _____ Date: _____

In order to process this application, all information must be provided.

Once received, your application will be reviewed. Decisions are based on financial need and full camperships are not guaranteed. For certain camperships more information may be requested.

You will be informed of the committee's final decision.

FOR OFFICE USE ONLY

Date Rec'd ____ / ____ / ____

Total _____