



## 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 by our committee. 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.***

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### FOR OFFICE USE ONLY

Date Rec'd \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total \_\_\_\_\_