



3335 Lakeshore  
Lexington, MI 48450  
810-359-2267  
office@campcavell.org

## CAMP CAVELL CONSERVANCY KID'S SUMMER/DAY CAMP CAMBERSHIP APPLICATION

Please complete this application form and send to Camp Cavell. We will contact you after your application is submitted with the awarded amount. Camperships is available on a first come, first received basis and/or until funds are depleted. Proof of Income must be submitted with this application to receive financial aid. This can include pay stubs, income tax returns, copy of SSI award etc. *\*Notifications regarding campership awards are generally made by email.*

**Child's Name** \_\_\_\_\_  
(Each child must have separate application)

**Complete Home Address** \_\_\_\_\_  
(House Number & Road/Street Name)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

**Name of Child's School** \_\_\_\_\_ **City** \_\_\_\_\_

**Grade in Fall** \_\_\_\_\_ **Child's Current Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Person filling out form** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Parents or Guardian's Name** (Please print neatly and list functioning contact numbers and email address)

**Mother**

Address \_\_\_\_\_

Home & Cell Phone \_\_\_\_\_

Email(required) \_\_\_\_\_

**Father**

Address \_\_\_\_\_

Home & Cell Phone \_\_\_\_\_

Email(required) \_\_\_\_\_

**Guardian**

Address \_\_\_\_\_

Home & Cell Phone \_\_\_\_\_

Email(required) \_\_\_\_\_

**Child lives with:** \_\_\_\_ MO \_\_\_\_ FA \_\_\_\_ Both \_\_\_\_ Guardian \_\_\_\_ Other (relationship \_\_\_\_\_)

Why should this child be considered for a Campership?

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Household Income:

Mother \$ \_\_\_\_\_

Father \$ \_\_\_\_\_

If family receives SSI benefits, please provide case number \_\_\_\_\_

Is Family receiving Food Stamps? \_\_\_ Yes \_\_\_ No Other aid? Please specify \_\_\_\_\_

Number of persons in household where child lives \_\_\_\_\_

Names of any siblings you are requesting campership assistance for and please give full names of each child.

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Has this child received any other camperships from other camps. If so, what camp?

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Are there any extenuating circumstances you would like us to consider:

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\*\*Only a limited number of Campership slots are available for each session. Males are limited to the last two (coed) weeks. Earlier sessions can more easily accommodate female campers. We can offer no guarantee that siblings will be offered the same session. Generally, campership funds do not cover bus transportation \$12.50 (one-way) - \$25 (round trip). Additionally, ALL families are expected to contribute a portion of the money needed for the child's camp session.

**Camp Session your child would like to attend:**

**First Choice:** dates \_\_\_\_\_

**Second Choice:** dates \_\_\_\_\_

I AFFIRM THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_

PLEASE SEND A COMPLETED **CAMPERSHIP APPLICATION** AND  
SEND YOUR **PROOF OF INCOME**.

**TO: CAMP CAVELL CONSERVANCY 3335 Lakeshore Lexington, MI 48450**  
Fax 810-359-2430 Phone 810-359-2267 Email office@campcavell.org