



Camper Application 2024

NORTH SHORE HOLIDAY HOUSE accepts female campers who are between the ages of 7 and 15 years old.

*USDA income guidelines for free or reduced lunch eligibility must be met. Higher incomes will be assessed on a case by case basis.

You must provide proof of residency in Nassau or Suffolk county on Long Island, New York.



Complete the checklist below before sending your application. Please remember to also submit your medical paperwork. Please note that incomplete applications will not be considered. Application deadline: 06/01/24

We encourage you to scan and email your application to info@nshh.org. Please ensure the application is in the correct order. Applications sent via email are not subject to the \$20 administration processing fee.

Alternatively you can mail your application and the \$20 administration fee to the following address: 74 Huntington Rd, Huntington NY, 11743.

<input type="checkbox"/>	Camper Information and Camp Preparation	Pages 2 - 5
<input type="checkbox"/>	Agreement and Release of Liability	Page 6
<input type="checkbox"/>	Photography Release and Waiver	Page 7
<input type="checkbox"/>	Camper Essay	Page 8
<input type="checkbox"/>	USDA Income Form	Pages 9 - 11
<input type="checkbox"/>	SCOPE application	Pages 12 - 14
<input type="checkbox"/>	Medical Forms	Seperate Document

PARENT/LEGAL GUARDIAN MUST COMPLETE

Camper's Name _____ Date of Birth ____/____/____
(First) (Last) (Month) (Day) (Year)

Age _____ Grade Entering in September 2024 _____ School Name _____

Address _____ Phone (____)_____
(Street) (Town) (State) (Zip Code)

Email Address _____ Parent Cell Phone (____)_____

Returning Camper? Yes No In what years did your child attend camp? _____

FAMILY DATA:

Camper lives with Mother Father Foster Parent Guardian Single Parent Household? Yes
 No

Mother's Name _____ Father's Name _____

Foster Parent/Guardian's Name _____ Guardian's Relationship _____

Please list all individuals living with the child (continue on the back of page if needed):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is either Parent authorized to pick up the camper? Yes No

Referring Agency or Elementary School: _____

Name of Social Worker _____ Phone _____

Check if you give NORTH SHORE HOLIDAY HOUSE permission to call a Social Worker or Agency if a consultation is necessary.

EMERGENCY CONTACTS

Please list three people who will be responsible for the camper if the parent or legal guardian is not available. **Information on all three contacts is required and must be filled out completely.**

Please designate (check) an emergency contact who would be authorized to pick up the child.

Name _____ Relationship _____ Phone/cell (____) _____

Name _____ Relationship _____ Phone/cell (____) _____

Name _____ Relationship _____ Phone/cell (____) _____

Please list the name of the individual who will be picking up your child from camp:

Name _____ Relationship _____ Phone/cell (____) _____

Signature is required

Parent/Legal Guardian's Signature

Date

Printed Name of Parent/Legal Guardian

Date

CHILD'S BACKGROUND

Have any of the following happened in the past year? *(Please check)*

- Death of a Relative Illness Accident Hospitalization Foster Care Homelessness
 Separation from Either Parent Covid-19 Other (please explain):

Please select the child's ethnic origin and racial category or categories with which she most closely identifies by checking off as many as apply.

- Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander
 Black or African American White/Caucasian

SESSION REQUESTED

We limit camp sessions to one session per child. You will be notified by email of your acceptance. If you have not confirmed your camp session, be sure to contact us before the start of camp.

Camp Session Dates: Mark selection (1st--2nd choice)

SESSIONS FOR AGES 7-11 7/1 - 7/12 7/15 - 7/26 7/29 - 8/9

SESSIONS FOR AGES 12-15 8/12 - 8/17 8/18 - 8/23 Both

Campers ages 12-15 can choose to attend one session OR both sessions. If campers are attending both sessions, they will stay at camp from Monday August 12 through Friday August 23 and will not go home in-between sessions.

CAMP PREPARATION

I give HOLIDAY HOUSE permission to have my child participate in field trips, including the transport for the same.

CAMPER IS: EXCITED NOT EXCITED UNSURE about attending camp

Campers expectation/goals for camp experience:

Parents expectations for camp experience:

Activities camper is looking forward to doing at camp:

Any concerns/issues camper has that may affect her behavior at camp:

How does your child deal with conflict?

CAMP READINESS *(Parents please review and check off these issues with your camper):*

- My camper understands that she will be expected to follow the camp rules during her stay.
- My camper knows that electronic devices, including cell phones, Ipads, etc. are not allowed at camp.
- My camper understands that camp is not responsible for any damage to personal belongings.
- My camper is prepared to treat others with kindness and respect (not tease, bully or "put down" others.)
- My camper will take responsibility for her own hygiene on a regular basis (brush teeth, wash hair, etc.)
- My camper is prepared to keep her space tidy and assist others with cleaning the entire cabin.
- My camper is prepared to go to an adult for help if she has issues with other campers.
- My camper is prepared to follow all health and safety guidelines related to COVID-19 (washing hands, social distancing, etc.)

ADDITIONAL COMMENTS:

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of Camper named above (“Camper”) being allowed to attend sleep-away camp and participate in the activities and programs at the NORTH SHORE HOLIDAY HOUSE, a New York not-for-profit Corporation (the “HOLIDAY HOUSE”), and to use its facilities and equipment, in addition to the payment of any fee or charge, and as a condition of enrollment, Parent (or Legal Guardian) does hereby indemnify, waive, release and forever discharge HOLIDAY HOUSE and its members, managers, directors, officers, agents, employees, representatives, successors and assigns, administrators, executors, and all others associated with HOLIDAY HOUSE from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or programs of HOLIDAY HOUSE or the Camper’s use of the facilities, equipment or machinery in the such activities or programs. Parent (or Legal Guardian) does also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to Camper, including those caused by the ordinary negligence of any of those mentioned or others acting on their behalf or in any way arising out of or connected with Camper’s participation in any activities of HOLIDAY HOUSE or the use of any facilities/equipment or machinery at HOLIDAY HOUSE and including those caused by the COVID-19 virus. I acknowledge and understand that this release is given in advance of any injury or damage to Camper and that it includes injury or damage to Camper caused by the ordinary negligence of those released hereby but not from the claims related to gross negligence or willful/wanton/criminal/intentional conduct or acts of those who are otherwise released hereby. Parent (or Legal Guardian) understands that he/she is giving up substantial rights (including the right to sue) and acknowledges that he/she is signing this document freely and voluntarily and intends by his/her signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____

2. Parent (or Legal Guardian) acknowledges and fully understands that swimming, camping, hiking, martial arts, outdoor cooking, activities involving animals, out-door activities and certain arts and crafts projects, including the use of equipment in connection with those activities, are potentially hazardous activities. Parent (or Legal Guardian) also understands that such activities have inherent potential risks and dangers and acknowledges and agrees that there is a risk of significant injury from participating in such activities, including permanent paralysis and death. Inherent risks also include, but are not limited to, acts or omissions of other campers, the condition of equipment or property (even if properly maintained), weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes and the like), the risk of Camper engaging in unauthorized activities, Camper’s physical condition and Camper’s own act or omissions. Parent or Legal Guardian of Camper gives permission for Camper to participate in the activities and programs of HOLIDAY HOUSE including off-site field trips, and Camper is voluntarily participating in these activities and using facilities, equipment and machinery, with knowledge of the dangers and inherent risks involved. Camper and Parent (or Legal Guardian) hereby agree to expressly assume and accept any and all risks of injury or death.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____

3. Parent (or Legal Guardian) represents and warrants to HOLIDAY HOUSE that Camper is above the minimum age of 6 years required to participate in the sleep-away camp and is in good health and suffering from no condition, impairment, disease, infirmity or other illness that would prevent his participation or use of equipment or machinery except _____ (continue on separate page if necessary). Parent (or Legal Guardian) acknowledges that he/she has consulted with the Camper’s personal physician who has certified that Camper is fit to participate in an active camp program.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____

The parties agree that the provisions of this “Agreement and Release of Liability” (“Agreement”) shall be deemed severable and that the invalidity or unenforceability of any one or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the State of New York. This Agreement shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

Parent/Legal Guardian’s Signature

Printed Name of Parent/Legal Guardian

PHOTOGRAPHY RELEASE AND WAIVER

I hereby grant permission to the NORTH SHORE HOLIDAY HOUSE, a New York Not-For-Profit Corporation ("HOLIDAY HOUSE"), and its members, managers, directors, officers, agents, employees, representatives, successors and assigns, and all others associated with HOLIDAY HOUSE, to photograph my image, likeness, or depiction and/or that of my minor children. I hereby grant permission to the HOLIDAY HOUSE to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used and/or reproduced by the HOLIDAY HOUSE worldwide for any purpose, including advertisement purposes, and in any medium, including print and electronic. I understand that the HOLIDAY HOUSE may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the HOLIDAY HOUSE's use or publication of photographs of me and/or those of my minor children.

I hereby fully and forever discharge and release the HOLIDAY HOUSE from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children by the HOLIDAY HOUSE, and covenant and agree not to sue or otherwise initiate legal proceedings against the HOLIDAY HOUSE for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

Parent/Legal Guardian's Signature

Printed Name of Parent/Legal Guardian

Name of Minor

Date

CAMPER ESSAY

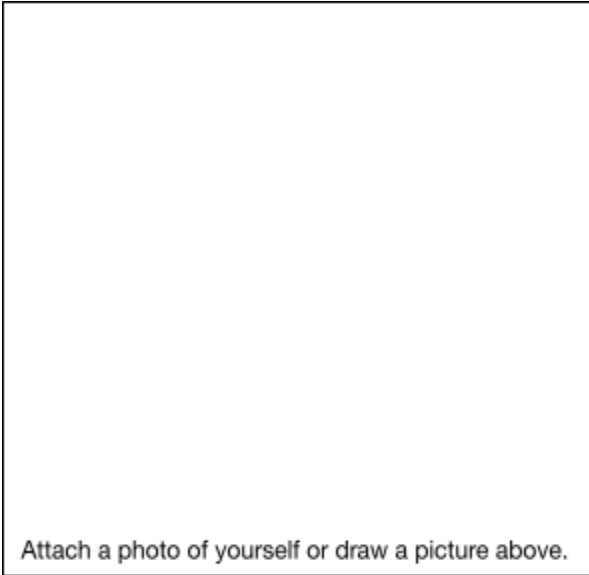
Mandatory section to be completed by the camper:

Please tell us about yourself. Why do you want to go to camp? You can include information about home, pictures, what you enjoy about camp or how you imagine life at camp.

For returning campers please tell us your favorite thing about camp and one thing you learned last summer.

My name is _____

I am _____ years old and in _____ grade at
_____ school...



You may use the back of this sheet if you need more space.

Date Withdrew _____

F _____ R _____ D _____

2023-2024 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **(phone number)**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: (School Name)
(Street Name)
(City, State, Zip Code)

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

I do not have a SS# <input type="checkbox"/>
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*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)

Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to _____. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) **An adult household member must sign the application in PART 4.**

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: _____ Title: _____

Telephone Number: _____



2024

SCOPE CAMP SCHOLARSHIP APPLICATION



Camper's First Name:		Camper's Last Name:	
Birth Date:			Gender:
Month ____	Day ____	Year: 20 ____	
School:		Grade Completed in Spring 2024:	
How Did You Hear About Camp/Who Referred You to Camp (organization or individual)?			
Parent/Guardian's Full Name:		Relationship to Child:	
Street Address:		Apt./Floor:	
City:	State:	Zip:	
Email:			
Phone:		Single Parent Household? YES <input type="checkbox"/>	

I certify that all the information in this application is true and correct. I consent to the use of photographs, letters, images and video taken of my child taken at camp for SCOPE public relations efforts. I understand that I must complete all of the paperwork requested by the camp, and a physician must complete the medical form sent by the camp about my child's health history. I understand that this summer camp opportunity is a privilege provided courtesy of SCOPE, and I will make sure that my child arrives promptly at camp on the designated start date. I understand that the application to the SCOPE program does not guarantee participation. I further understand that SCOPE is merely a funder for this project and is not liable for any issues between a camp and an enrolled child.



Signature of Parent/Guardian

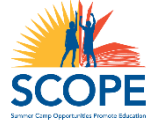
Printed Name of Parent/Guardian

Date



2024

SCOPE CAMP SCHOLARSHIP APPLICATION



To the Parent/Guardian: Please give your child this page to complete. This information is necessary to receive a SCOPE scholarship.

TO BE COMPLETED BY THE CAMPER:

In order to receive a camp scholarship from SCOPE, we ask that you make a commitment to your education and stay in school. Please read and sign the statement below:

I recognize the importance of my education and:

- I will strive to do my best in school
- I will make the commitment to stay in school

Camper Full Name	Camper Signature	Date
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I want to go to camp because... / I want to go back to camp because...

Write about yourself and include information about home, your interests, how you imagine life at camp, or what you hope to learn at camp. If you are a returning camper, you can tell us your favorite thing about camp and something from your camp experience. *You may use an extra sheet if you need more space.*

First Name _____

I am _____ **years old**



2024

SCOPE CAMP SCHOLARSHIP APPLICATION



REQUIRED DOCUMENTATION OF CHILD'S ELIGIBILITY

One document for proof of school and one document for proof of income is required for this application.

A letter from your child's school or referring agency (other than camp) stating that the child is enrolled in school and qualifies for free or reduced lunch, is acceptable in lieu of two separate forms of documentation. This must be on official letterhead from the organization and signed by an official school or appropriate organization representative.

Camper's Full Name: _____

SCHOOL ENROLLMENT

Please select one circle to indicate selection below and attach a copy of the selected document:

- Report card from 2023-2024 school year; student's name, date and grade must be visible
- Letter from school verifying child's enrollment
- Letter from outside (non-camp) referring agency confirming child's enrollment in school

PROOF OF INCOME

Please select one circle to indicate selection below and attach a copy of the selected document:

- Letter on school letterhead stating the child qualifies for Federal USDA Free or Reduced Lunch Program in the 2023-2024 school year
- Award letter from: SSI (Supplemental Security Income), Food Stamps, or Medicaid with eligibility dates
- Copy of Public Assistance Benefit Card
- Application for 2023 USDA Free or Reduced Lunch or SFSP signed by a parent/guardian and a reviewing official with eligibility determination
- Copy of 2023 Tax Return – front page only; child must be listed as a dependent