

**Please return this form as soon as possible to receive priority consideration.**

Your complete answers are important to evaluate this application accurately. Fee waivers are based on financial need. An initial determination of your need will be based on the information provided.

\*\*\*\* All information will be kept confidential. \*\*\*\*

Name: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

**Income Statement**

**Please list total yearly income for the household, including funds from all adults who are contributing, even if they are not living in the house:** Salary/wages *before* deductions; self-employment income; rental income; child support; alimony; investment income; TANF; SSI; WIC; SNAP; disability; grants/loans; etc.

**TOTAL YEARLY INCOME:** \$ \_\_\_\_\_

**Household:**

Total number of household members (including adults and children, and all related and unrelated persons living in your household who share living expenses or meals):

Names and ages of all household members (please use another piece of paper if you need more space):

Name	Under 18	18-60	Over 60

Are any other persons supported by your household? \_\_\_\_\_ If so, how many?

**Special Circumstances:** If your family has special circumstances that impact ability to pay, please describe the situation on a separate sheet of paper, and sign and date it.



**Family Contribution:**

The cost of the 2017 Encampment program is \$3,500 (includes room, board, and related group activities; does not include personal expenses or transportation to and from Amherst, MA.)

Estimate the amount you are able to pay for the program (**do not leave blank**): \$ \_\_\_\_\_.

**Statement of Accuracy:**

I hereby acknowledge that, to the best of my knowledge, the above information is accurate and complete:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Sponsorship and Funding Support**

From the Encampment's beginning in 1946, it has been a priority to make the summer program available to the greatest number and broadest diversity of people. Because the Encampment is a non-profit organization with limited funds, we encourage all campers to look at all possible financial sources including relatives, local businesses, religious institutions and social service organizations. Schools and community agencies may have funds available to promote student leadership or community development.

**The Encampment will help with your fundraising plan.  
For assistance, contact your recruiter or contact our office at  
831-515-6775 or [efcyouthprogram@gmail.com](mailto:efcyouthprogram@gmail.com).**

\_\_\_\_\_  
**Potential Sponsor's Name**

\_\_\_\_\_  
School/ Agency/Relationship to you

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_

Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
**Potential Sponsor's Name**

\_\_\_\_\_  
School/ Agency/Relationship to you

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_

Phone

\_\_\_\_\_  
Email