



CAMPERSHIP APPLICATION FORM (confidential)

Participant's First Name	Last Name:	Age:
Date of Application:	Desired Course Name and Session Dates:	
Address/City/State/Zip:		Phone:
Parent/Guardian Name:		Email:
<p>Participant: Please write a short-essay (~300 words) on a separate sheet of paper, explaining why you would like to attend this summer course and what you hope to gain from the experience.</p>		
<p>Why do you need financial support to attend this course (family financial obligations, extenuating circumstances, etc.)? Use a separate sheet of paper, if necessary.</p>		
<p>Applications should be submitted via email to patrickcollentine@cmc.org.</p> <p>NOTE: Funding is allocated based on application thoroughness, financial need, and fund availability. The CMC may or may not be able to fulfill your entire campership request.</p>		
<p>Family Information</p> <p>Number of dependent children: (circle one) 1 2 3 4 5 6 + Ages: _____</p> <p>Single-parent family: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Family income: <input type="checkbox"/> under \$10,000 <input type="checkbox"/> \$10,000-\$20,000 <input type="checkbox"/> \$20,000-\$30,000 <input type="checkbox"/> \$30,000-\$40,000 <input type="checkbox"/> \$40,000-\$60,000 <input type="checkbox"/> \$60,000+</p>		
<p>Please share your demographics (optional):</p> <p><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American</p>		
Cost of Course	\$	
Amount Family Can Pay	\$	
Amount Student Can Pay	\$	
Amount of Campership Request	\$	

***Application deadline is February 15.
 Applications received after February 15 will be reviewed on a rolling basis, pending availability of scholarship funds. Apply early!***

For more information, contact Patrick Collentine at 303-996-2750.