PART 1 - FAMILY INFORMATION

Name of Family Representative _________________________________________________________

Address __________________________________________________________________________
Street Address                           City                  State              Zip

Family Email Address ________________________________________________________________

Family Members Attending (maximum of 8 participants)
______________________________________________   Age upon start of camp __________________
______________________________________________   Age upon start of camp __________________
______________________________________________   Age upon start of camp __________________
______________________________________________   Age upon start of camp __________________
______________________________________________   Age upon start of camp __________________
______________________________________________   Age upon start of camp __________________
______________________________________________   Age upon start of camp __________________
______________________________________________   Age upon start of camp __________________

FAMILY ETHNICITY/RACE

☐ Black/Afro-Caribbean/African American
   Any person having origins in any of the black racial groups of Africa

☐ Latino(a)/Hispanic American
   A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin

☐ Asian/Asian American
   A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam

☐ American Indian/Alaskan Native
   A person having origins in any of the original peoples of North and South American (including Central America) and who maintains tribal affiliation or community attachment

☐ Non-Hispanic White/Euro-American

☐ Prefer not to answer
PART 2 - FAMILY CAMP WEEK CHOICE

Please check which program you would like to attend with your family.

☐ Family Camp - Week 1
☐ Family Camp - Week 2
☐ Family Camp - Week 3
☐ Grandparent/Grandchild Summer Adventure

PART 3 - PARENT/GUARDIAN INFORMATION

Please describe the circumstances surrounding your families need for financial assistance (i.e., job loss, illness, etc - use another sheet if necessary)
Please be sure to fill out the ENTIRE application. Incomplete applications will NOT be considered. This DOES INCLUDE tax forms.