United Neighborhood Centers of Northeastern Pennsylvania (UNC) believes that every child should be given an opportunity to take part in a summer camp experience. Our camperships have been made available to children who would not be able to attend without financial assistance. The information you provide on this application will be handled with discretion and will only be shared with administrative staff to make campership decisions.

The number of camperships available are extremely limited and we ask that only those with true need apply. Campers are urged to save throughout the year for the experience. All camperships will be awarded on the basis of need and availability, and the amount awarded will depend on both need and the availability of funds.

Some points to consider while completing this application:

* **New:** No full camperships will be awarded – families are required to make some type of contribution to the fees. There is a $5 minimum.
* Not every applicant will receive a campership.
* Camperships will be provided for only one week of camp.
* Amount of request is not a guarantee of campership amount granted.
* All requested information must be completed; incomplete applications will be returned.
* The deadline for submitting a campership application is May 1. Decisions will be announced to applicants by May 15.
* If you are awarded a campership, you will be able to register for the session awarded, even if it is listed as sold out.
* Applications may be submitted after the due date, however it is possible that all available funds will have already been distributed.
* Questions should be submitted to campkelly@uncnepa.org.

Email your completed application to campkelly@uncnepa.org

Check the session the camper would like to attend. If the camper is able to attend different sessions, indicate preference by listing numbers.

\_\_\_ Week 1 Jul 7-12

\_\_\_ Week 2 Jul 14-19

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Annual Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of People in the Home: \_\_\_\_\_\_\_\_\_\_\_\_\_

How much of the registration will be paid by: Camper \_\_\_\_\_\_; Guardian \_\_\_\_\_\_; Other Family \_\_\_\_\_\_

Please address any additional circumstances as to why the family requires financial assistance (attach additional pages as necessary):

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