

Camp Howe P.O. Box 326 Goshen, MA 01032 office@camphowe.com www.camphowe.com 413-268-7635

Dear Campership Applicant:

Thank you for your recent inquiry into our campership award program. Enclosed you will find an application for a partial campership. Please complete all parts of the application, include the required forms and attachments, and return to:

Camperships Awards Committee Camp Howe, Inc P. O. Box 326 Goshen, MA 01032

Please mark the outside of your envelope **Attention- Confidential Information**. This will ensure that your application will remain confidential. Please remember to include the following items:

- A Completed Application Form
- A copy of your most recent U.S. Individual Tax Return
- If you do not file taxes, please send appropriate documentation of Social Security Benefits, AFDC, etc...
- A letter from the campers stating why they want to attend Camp Howe and what the opportunity means to them. If the child cannot read and write, they can draw a picture of what they think camp will be like.

Thank you again for your interest in Camp Howe, Inc. If you have any questions, please feel free to call me at 413-268=7635 or e-mail me at executivedirector@camphowe.com

In the Spirit of camp,

Jampsell .

Terrie Campbell Executive Director

Campership Award Application Camp Howe, Inc.

Please fill out the entire application. Applications must be received by April 1. Applicants can expect to receive notification by May 1. Applications received after April 1 will be processed as they are received. All funding of campership awards is dependent on contributions from individuals or organizations. Funding for campership awards is limited and available for a PARTIAL campership for ONE WEEK only.

| Camper's name: | | | | Age: | | |
|---------------------|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|
| Guardian/Paren | t: | | | | | |
| Address: | | | | | | |
| Phone Number: | | | | | | |
| Number of peop | le in household | : | | | | |
| Have you receive | ed a campershi | p in the past? \ | When? | | | |
| Are you a 4-H M | lember? Where | e? | | | | |
| Have you applied | d for a camper | ship at another | camp? | | | |
| Will you be atter | nding another o | camp? If so, wh | nere? | | | |
| Will you be receiv | ing funding from | n another source | e (4-H Advisory | Council, 4-H Cl | ub, 4-H Livesto | ck Club, Social |
| Service Agency, S | chool, or other?) | If so, how muc | h? | | | |
| Which week (s) | are you applyin | ng to camp? An | nd which progr | ram (Circle: Te | en, ECHO, J | unior/Middle) |
| Circle: Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 |
| Program: Da | ny Junior | Teen | CIT | Echo Day | Echo Resid | ent |
| Amount of camp | ership request | ed? | | | | |
| Other sources of | Income/Suppo | ort received or | paid? | | | |
| Please offer a litt | le more inform | nation as to you | ır need/ why y | ou are applying | g for financial | need |
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| | | | | | | |
| | | | | | | |
| Signature | | | Dat | e | | |

Please remember to include:

A copy of Tax Return or other documentation and a letters