

Before completing this application please go to <http://www.childcarenj.gov/Parents/Calculator> to calculate your eligibility for the NJCK subsidy program. If your family qualifies for the NJCK subsidy, applicants must complete that application at <http://www.co.bergen.nj.us/DocumentCenter/View/1400> first.

APPLICATION FOR SUMMER CAMBERSHIP SCHOLARSHIP PROGRAM 2023

Name of Parent(s)/Guardian: _____

Home Address: _____

City State Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Ethnicity: _____

List All Children in the Family: (INFANT TO 12 YRS OLD) (INFORMATION NEEDED FOR STATISTICAL PURPOSE ONLY)

Name--place a check if applying for Campership for child	M/F	Age	Describe Special Needs (attach documentation)

Exception to the eligibility guidelines are made for emergencies, special medical and/or mental health circumstances.

Parent(s)/Guardian Employer: _____

Employer Address: _____

Total Family size (include self): _____ Family Income (Monthly): \$ _____

Is the family currently receiving financial assistance for child care from the OFC?

_____yes _____no

Please check the program you are on: _____NJCK _____WFNJ

Bergen Campership Fund uses photos of children on its website and in its annual report; we do not ever use the names of children or families.

___ Yes, the Campership Fund has permission to use my child's/children's picture.

___ No, please do not use pictures of my child/children.

Parent Signature(s)/Date: _____

FIRST CHOICE is mandatory

This section must be filled in to process the application (THE CAMP MUST BE NJ STATE LICENSED)

Name of Summer DAY CAMP: _____

Camp Address: _____

City, State Zip: _____

Contact person for camp: _____ Telephone: _____

Dates to attend camp: From _____ To _____ Total Weeks: _____

Cost of camp **PER WEEK:** \$ _____

Please note payments will not be sent out to camps until after July 1, 2023.

SECOND CHOICE is mandatory

This section must be filled in to process the application (THE CAMP MUST BE NJ STATE LICENSED)

Name of Summer DAY CAMP: _____

Camp Address: _____

City, State Zip: _____

Contact person for camp: _____ Telephone: _____

Dates to attend camp: From _____ To _____ Total Weeks: _____

Cost of camp **PER WEEK:** \$ _____

Please note payments will not be sent out to camps until after July 1, 2023.

Referring agency/school please complete below

Agency/School Name: _____

Agency/School Address: _____

Contact Person: _____ Phone _____

PLEASE NOTE: THIS APPLICATION MUST BE COMPLETED AND SUBMITTED BY THE PARENT/GUARDIAN ALONG WITH TWO (2) MOST RECENT PAYSTUBS, AND ANY DOCUMENT STATING MEDICAL CIRCUMSTANCE IF APPLICABLE.

Return application by May 15 by email: melissal@bergenvolunteers.org or mailed to:

Summer Campership - Bergen Volunteers
64 Passaic Street Hackensack NJ 07601
201-489-9454

Incomplete application will not be accepted.