



PRESBYTERIAN CONFERENCE ASSOCIATION  
 60 DENTON LAKE ROAD  
 HOLMES, NY 12531  
 845-878-6383



PRESBYTERIAN CENTER AT HOLMES, NY  
 CAMBERSHIP APPLICATION

The Campership Committee of the Presbyterian Conference Association grants camperships each year to a limited number of campers. This application should be made only when the applicant's financial resources are insufficient to meet the tuition charged by the camp. The granting of camperships is made on the basis of financial need and available funds. A new application must be made each year. Both whole and part cameprships are granted. A complete camp registration must also be submitted with this application. Camperships are granted for one session only.

Please indicate to which camp and session you are applying: Child #1 \_\_\_\_\_ Child #2 \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Complete Address \_\_\_\_\_ / \_\_\_\_\_  
 (Zip)

Bus.Phone (mom) \_\_\_\_\_ Bus.Phone (dad) \_\_\_\_\_ Email \_\_\_\_\_

Name (Child #1) \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_

Has this child received a campership in years past? Yes \_\_\_ No \_\_\_ If yes, what year(s) \_\_\_\_\_

Name (Child #2) \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_

Has this child received a campership in years past? Yes \_\_\_ No \_\_\_ If yes, what year(s) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Annual Salary \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Annual Salary \_\_\_\_\_

Other income from employment (Mother) Place: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

(Father) Place: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Other Income (rent, interest, etc.): \_\_\_\_\_

TOTAL INCOME: \_\_\_\_\_

Value of home owned: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

If living in apartment, amount of rent \$ \_\_\_\_\_

Automobiles (make & model): \_\_\_\_\_ Amount of car payments: \$ \_\_\_\_\_

Savings accounts: \_\_\_\_\_

Are there any unusual expenses which make camperships necessary? If yes, describe:

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Name and ages of other children living with family and schools they attend:

\_\_\_\_\_ Grade: \_\_\_\_\_ Any tuition: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Any tuition: \_\_\_\_\_

Church you attend: \_\_\_\_\_ Is your church providing any campership aid? \_\_\_\_\_  
name & city

Has any other member of your family ever attended the Presbyterian Center at Holmes camps? Yes \_\_\_ No \_\_\_

If yes, name and what year \_\_\_\_\_

Other dependent children:			AMT. OF TUITION	AMT. OF AID
<u>NAME</u>	<u>AGE</u>	<u>SCHOOL OR COLLEGE</u>	<u>PAID BY PARENT</u>	<u>REC'D BY PARENT</u>

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Please list other dependents, if any. In the case of dependents living outside your home, please indicate the approximate amount of financial assistance rendered each year.

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Aside from your family obligations, do you have any commitments which should be considered in order to obtain a fair estimate of your financial situation? If so, please give details:

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The above information is necessary to the judging of camperships and is considered confidential and will be treated so by the Campership Committee. The names of campership recipients will not be published. The Campership Committee will contact you after reviewing your application. Please return your application to the address above.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date