

# Las Vegas Sun Summer Camp Fund Application

Childs Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Parents Cell Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Grade (in Fall) \_\_\_\_\_ School \_\_\_\_\_

Indicate any present membership in: \_\_\_\_\_ Boys & Girls Clubs of Southern Nevada \_\_\_\_\_ YMCA

\_\_\_\_\_ Boy Scouts \_\_\_\_\_ Girl Scouts \_\_\_\_\_ Cub Scouts Troop # \_\_\_\_\_

\_\_\_\_\_ Salvation Army \_\_\_\_\_ Other \_\_\_\_\_

Any previous camp experience? \_\_\_\_\_ Which Camp? \_\_\_\_\_ Year? \_\_\_\_\_

Number of brothers and sisters? \_\_\_\_\_ Will they be applying for a Sun Campership? \_\_\_\_\_

**(Las Vegas Sun Scholarships apply to ages 8yrs – 14yrs old)**

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Weekly Income \_\_\_\_\_ or Semi-Monthly \_\_\_\_\_ or Monthly \_\_\_\_\_ or Annual \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Weekly Income \_\_\_\_\_ or Semi-Monthly \_\_\_\_\_ or Monthly \_\_\_\_\_ or Annual \_\_\_\_\_

Are you receiving government aid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type? \_\_\_\_\_ FOSTER CARE \_\_\_\_\_ DCFS \_\_\_\_\_ S.S. \_\_\_\_\_ UNEMPLOYMENT

Foster Parent Name \_\_\_\_\_

(Income information does not have to be provided for Foster Parents)

**IMPORTANT COMMENTS:** Camper, Agency Personnel, or Parent, please **explain why you think campership should be given**. This information will be taken into consideration along with income.

**NOTE TO APPLICANT AND PARENTS:** It is recommended that the camper make an effort to earn part of his/her camping expenses or the parents pay partial fees when possible. Parents are also asked to provide clothing for campers and spending money if required.

**HOW MUCH CAN YOU PAY?** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Final selection of campers will be made by the respective camping agencies. Neither the *Las Vegas Sun*, nor the *Las Vegas Sun Camp Fund* shall be responsible for any injury that may be incurred by recipient of a *Sun Camp Fund* Campership during a camping session or while being transported to and from camp. Parent/Guardian will be required to fill out camp medical forms for respective camping agencies and/or ACA-Accredited camp.

I, \_\_\_\_\_, parent/legal guardian/foster parent of \_\_\_\_\_

SIGNATURE

CAMPER

have read the above statement and give permission for him/her to attend camp.

**REQUIRED SIGNATURE OF CASEWORKER FOR FOSTER CHILD**

**PRINT CASEWORKER NAME**

**PHONE NUMBER**

## RETURN TO:

Las Vegas Area Council BSA

ATTN: Sun Camp

7220 S. Paradise Road

Las Vegas, NV 89117

## DO NOT WRITE IN THIS SPACE

Date approved \_\_\_\_\_ Fee \_\_\_\_\_

Camp \_\_\_\_\_

Date paid \_\_\_\_\_