



APPLICATION FOR CAMPERSHIP

Name of Applicant: _____ Date: _____

Applicant's Address: _____
(Street) (City) (Zip)

Phone No.: (____) _____ Date of Birth: _____ Sex: _____

Name of Parent/Guardian of Applicant: _____

Parent/Guardian Address (if different from applicant): _____

Referred by: _____ Tel: _____

Brief description of applicant (i.e. Special Needs-diagnosis):

Camp to be attended: _____

Camp Address: _____

Approximate cost: \$ _____

Other financial assistance requested/received for this camp session: _____

Please describe any other summer arrangements (respite care, summer school or day program, other camps or recreation programs applicant will be attending.): _____

Total Annual **Family** Gross Income: (income before taxes deducted): _____

Number of persons living on total income: _____

Other outstanding expenses or extraordinary circumstances: _____

To the best of my knowledge, the above information is accurate and complete.

Signature of Applicant/Parent/Guardian: _____ Date: _____

Return completed application no later than June 30th to:

UCP of MetroBoston, Campership Program
71 Arsenal Street
Watertown, MA 02472

OR via email to ucpboston@ucpboston.org
Please include “campership application” in the subject line.

Campership funds will be available until allotment is exhausted.