



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:

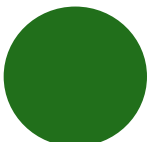
- **A Completed Application Form**
- **A copy of your most recent U.S. Individual Tax Return**
- **If you do not file taxes, please send appropriate documentation of Social Security Benefits, AFDC, etc.**
- **Optional - A letter from the campers stating why they want to attend Camp Howe and what the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

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,

Terrie Campbell
Executive Director

Camp Howe - A Camp for All youth!
P.O. Box 326
Goshen, MA 01032
www.camphowe.com



Please fill out the entire application. Applications must be received by March 1. Applicants can expect to receive notification by April 1. Applications received after March 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/Parent: _____

Address: _____

Phone Number: _____

Email : _____

Number of people in household: _____

Annual Income: _____

How much are you requesting in camperships from Camp Howe? _____

Have you received a campership in the past? When? _____

Have you applied for a campership at another camp? _____

Will you be attending another camp? If so, where? _____

Will you be receiving funding from another source (Social Service Agency, School, or other?) If so, how much? _____

Which week (s) are you applying to camp? And which program (Circle: Teen, ECHO, Junior/Middle)

Circle: Week 1 Week 2 Session B Week 5 Week 6 Session D

Program: Day Junior Teen CIT Echo Day Echo Resident

Other sources of Income/Support received or paid? _____

Please offer a little more information as to your need/ why you are applying for financial need

Signature: _____

Date: _____