

# Camp Aid Application and/or Payment Info: complete one form per family

## Campers

Name: \_\_\_\_\_ New \_\_\_ Returning \_\_\_ Age \_\_\_

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Parent or Legal Guardian(s): \_\_\_\_\_

Relationship to Camper(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Town of permanent residence: \_\_\_\_\_

**Scholarship arrangements from all sources must be made by individual families when you pre-register for camp.**

### ***Please check the lines that are relevant to your family:***

\_\_\_\_ Sliding payment scale based on income (complete form included), TAMWORTH

\_\_\_\_ Sandwich Children and Youth Fund (form online), SANDWICH

\_\_\_\_ Ossipee Childrens' Fund (form online), OSSIPEE, EFFINGHAM, FREEDOM, MADISON

\_\_\_\_ We will need financial aid but are not from Tamworth, Sandwich, Ossipee, Effingham, Freedom, or Madison

\_\_\_\_ We will be applying to Rekindling Curiosity for support (campers with IEP/504 or very low income)

\_\_\_\_ **We will not be applying for aid but would like a sibling discount\***

\_\_\_\_ **We will not be applying for aid or fee discounts.**

*\*sibling discount is \$20 off each subsequent sibling's weekly rate. EX. sibling one \$300, sibling two \$280, sibling three \$280*

*\*siblings must be attending in the same camp session for discount to apply*

Camper Family Name(s): \_\_\_\_\_

**Sliding Scale/Multi-Child Discount for Summer Camp on the Bearcamp Sessions 2025 TAMWORTH CAMPERS or those from towns ineligible for Sandwich or Ossipee Children's Fund support.**

- The full cost per week is \$300.
- Campers with IEP/504 plans or whose families are experiencing significant poverty must first apply to Rekindling Curiosity for up to \$750 in support.
- Sandwich campers should apply to the Sandwich Children and Youth Fund for support.
- Ossipee/Madison/Freedom/Effingham campers should apply to the Ossipee Children's Fund for support.
- Other camper families with financial need BEYOND what these funds can support should be in touch with Lianne Prentice.

\_\_\_\_\_ **WE ARE NOT APPLYING FOR AID BUT REQUEST A SIBLING DISCOUNT.** \*see other side of sheet for details

**Please remember that we have limited funds; if every person really pays what they're able, we are confident that all needs will be met!**

Please complete this confidential form and return with preregistration materials to Lianne Prentice at The Bearcamp Center, either by email or snail mail, ASAP. **Applications received after May 1 might not receive full funding.**

## Only complete financial information if seeking support!

Number of children from your family attending camp this summer:

\_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_other:\_\_\_\_\_

Number of weeks your child(ren) will attend camp this summer:

\_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6

Having read the attached sheet with our sliding scale policy and guidelines, where does your family fall on this scale? Remember, this number should reflect what you are able to pay PER CAMPER, PER WEEK.

Our family is able to pay \$  per camper per week.

Our family is able to pay a total of \$ \_\_\_\_\_ for our camp sessions this summer.

Total Number of People Living in Your Household: \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Total Annual Income for Household (include income from ALL sources): \_\_\_\_\_

Total Monthly Expenses (include mortgage/rent, utilities, food, fuel, health, debt payments, etc) \$ \_\_\_\_\_

Please share any other factors impacting your family's ability to pay full price for child care through our camp:

I attest that this information is complete, accurate, and true (please print and sign your name)

\_\_\_\_\_