

Elmo M. Royce Camp Scholarship Application

Applicants' Name _____ Age _____
Address _____ City _____ Zip _____
County _____
Phone _____
School _____ Grade _____

Name of Camp _____
Camp Address (must be filled out) _____
Camp Phone Number _____
Date(s) Attending Camp _____ Number of Days/Weeks Attending _____
Full Cost of Camp \$ _____ Scholarship Request \$ _____

Camp Affiliation: Please check one.

- Girl Scout/Boy Scout
- 4-H
- Religious
- Sports
- Private
- Other

Reason for need, other remarks _____

Signature of Applicant _____ Date _____

Parent/Guardian Signature _____ Date _____

Please attach your guardian/parents most recent tax return.

REFERENCE SECTION
(must be completed)

To be completed by sponsor/group leader/pastor: I (do) (do not) recommend this applicant. (Add pertinent information) _____

Name _____ Phone _____
Organization _____
Address _____

Complete and return this application postmarked on or before April 16 to:

Royce Camperships
Community Foundation
301 South Main Street
Horseheads, NY 14845