

Camp Nicolet for Girls

Camper Scholarship Application

Please return the completed and signed application to:
Camp Nicolet for Girls, P.O. Box 1359, Eagle River, WI 54521

Camp Nicolet's motto is "Learning to Live Together". When Ann and Wendall Schrader founded Nicolet in 1944, their goal was to create an environment where girls could grow, learn, communicate, and coexist harmoniously in an outdoor setting. A summer camping experience can be a vital part of a youngster's education and socialization. Because we strongly feel that this opportunity for moral, physical, and spiritual development is important to young people, Camp Nicolet has made available a camper scholarship program to numerous families over the years. Camperships provide partial financial assistance to girls who would otherwise be unable to experience a summer at camp and whose presence at camp will benefit the camp community as a whole. Eligibility for a campership is based upon the candidate's need and readiness for camp and is available to applicants from varying social, economical, religious, racial, national and cultural backgrounds.

Applicants must complete a Camp Nicolet Scholarship Application which should be sent to the camp office as soon as possible. This application will be reviewed by the camp administration who will assign a scholarship amount. The applicant will be informed of her portion of the camp tuition and the remaining balance will be contributed by the Camp Nicolet Foundation, Inc. Relatives of Camp Nicolet's owners or employees are not eligible for these specific camperships and recipients will remain anonymous to the camp community.

Year _____ **Session** in which you are interested _____

1st Camper: _____ Age: _____ 2nd Camper: _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone: (____) _____ Email address: _____

Who does the camper currently live with? (circle one) **Both Parents** **Mother** **Father** **Other** (Guardian(s)) _____

Number of children living in your household: _____ Ages: _____

Employment				
	Yes	No	Employer(s)	Since (month/year)
Are you currently employed?				
Are there any other adults in your household currently employed?				

Income	
<i>This information is essential for processing financial assistance requests. Please be as accurate, current, and complete.</i>	
1) Monthly household take home pay:	1) \$ _____
2) Monthly child support received:	2) \$ _____
3) Other monthly income (please specify):	3) \$ _____
4) Public Assistance: <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No	4) \$ _____
5) Other support (please specify)	5) \$ _____
6) Total Monthly Income (add lines 1 through 5):	6) \$ _____

Financial Assistance Request	
1) Total camp fees (total amount for all children registering for camp):	1) \$ _____
2) Total amount family is able to pay (including deposits):	2) \$ _____
3) Total amount of financial aid requested (subtract line 2 from line 1)	3) \$ _____

Additional information you wish to share regarding your financial assistance need (use separate sheet if necessary): _____

I am interested in a monthly payment plan to assist my ability to pay **Yes** **No**

I hereby attest that the information I have provided in this application is accurate and truthful. I agree to pay all fees not covered by financial assistance.

Parent/Guardian Signature _____

Date _____

<i>For office use only</i> Amount awarded: \$ _____ Date: _____
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