Please return this form within two weeks of registering for camp to begin processing. Campership funds will be allocated on a first come first serve AND high needs basis. The \$225 deposit (part of the total fees) is required for all campers. This must be received before we can begin securing a campership. Mailing Address: 1206 Touch of Nature Rd, Makanda, IL 62958 OR scan and send to ton@siu.edu



## CAMP LITTLE GIANT CAMPERSHIP QUESTIONNAIRE

The Mission of Touch of Nature Outdoor Education Center emphasizes making outdoor experiences available to all people. Please complete the following questionnaire to allow us to allocate Campership funds appropriately. Please understand that this information is strictly confidential. *If more writing space is needed, please feel free to submit additional materials.* 

1. Parent/Guardian Name	Camper's Name	
Address		
City	State	_Zip
Do you own or rent your home?	_OwnRent	
Number of persons living in home?	# of Adults	# of Children
2. Please explain the reasons why you are applying for a campership:		
3. Are your children enrolled in the federal	v supported lunch program	m at school? Yes No
Can you provide any other evidence of financial need? (Other federal programs, SNAP, WIC, etc.)		
<ul> <li>4. What is the total yearly gross income of all wage earners in your family? \$</li></ul>		
5. Please help me secure a campership in th \$100\$200\$300\$400	-	
6. Have you applied for campership funding	g in the past from Camp Li	ttle Giant? Yes No

7. Camper must provide a written paragraph OR picture on the topic, "Why I want to come to Camp".

Additional Comments:

By completing this application, I hereby request financial assistance from the Camp Little Giant Campership Fund. I certify that this information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Parent/Guardian PRINT