



Camp Howe
P.O. Box 326
Goshen, MA 01032
office@camphowe.com
www.camphowe.com
413-268-7635

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...**
- **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.**

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

Campership Award Application

Camp Howe, Inc.

Please fill out the entire application. Applications must be received by May 1. Applicants can expect to receive notification by June 1. Applications received after May 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: _____

Number of people in household: _____

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

Are you a 4-H Member? Where? _____

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 (4-H Advisory Council, 4-H Club, 4-H Livestock Club, 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 Week 3 Week 4 Week 5 Week 6 Week 7

Program: Day Junior Teen CIT Echo Day Echo Resident

Amount of campership requested? _____

Other sources of Income/Support received or paid? _____

Please list two references who will be writing a letter of support. THESE LETTERS MUST ACCOMPANY YOUR APPLICATION.

Name: _____

Address: _____

City/ State/ Zip: _____

Phone number: _____

Name: _____

Address: _____

City/ State/ Zip: _____

Phone number: _____

Signature

Date

Please remember to include:

A copy of Tax Return or other documentation and a letters of reference