

Return this application to:

CAMP SUNRISE
P.O. Box 190
Hope, RI 02831
Sunriseoffice2002@yahoo.com
Fax – 401-821-7154

Office Use Only
Date Received _____
Approved _____ Session _____
Rejected _____

SUMMERTIME FUND APPLICATION FOR DAY CAMP

An application must be submitted for **EACH** child applying for day camp. Please fill out completely. Failure to do so may result in a delay or disqualification for a campership. Camp Sunrise grants camperships only to children ages **4-14**. Applicants younger than four or older than fourteen **will not** be considered and **will not** be notified.

Child's Name _____ Male _____ Female _____
Address _____
City/Town _____ Zip Code _____ Telephone(needed for contact) _____
Age _____ (4-14 only) Date of Birth _____
School _____ Grade in Sept _____ Number of Brothers _____ Sisters _____

Father's Name _____ Date of Birth _____
Mother's Name _____ Date of Birth _____
Marital Status _____ Who Supports Children? _____
Father's Employer _____ Salary Per Week \$ _____
Mother's Employer _____ Salary Per Week \$ _____

Do you receive financial aid from any source? _____ Yes _____ No
If yes, list name _____ Amount \$ _____ per week?/month?
Social Worker's Name _____ Telephone _____
Have you applied for and/or received assistance from any other camp or organization? __Y__N
If yes, list the camp or organization's name _____
Have you previously attended Camp Sunrise through the Summertime Fund Program? __Y__N

State specific reason(s) why this child needs a campership.
(NOTE: Must be filled out by parent, guardian or social worker)

In applying for this Journal-Bulletin Summertime Fund campership, I certify that all statements on this application are true, and were personally issued by me.

Signed _____ Date _____
(Parent or Guardian)

Completion of this application does NOT constitute acceptance by the Summertime Fund or Camp Sunrise. Space is limited. If your application is accepted, Camp Sunrise will notify you by phone or mail before your child(ren) is scheduled to attend.