

# Las Vegas Sun Summer Camp Fund Application

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (in fall) \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Indicate any present membership in: ☐ Boys and Girls Clubs of Southern Nevada

☐ Boy Scouts ☐ Cub Scouts ☐ YMCA

☐ Girl Scouts Troop No. \_\_\_\_\_ ☐ Salvation Army ☐ Other \_\_\_\_\_

Have you had previous camp experience? \_\_\_\_\_ Which Camp? \_\_\_\_\_ Year \_\_\_\_\_

Is your child in year-round school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list exact dates of summer track breaks \_\_\_\_\_

Number of brothers and sisters \_\_\_\_\_ Will they be applying for a Sun Campership this year? \_\_\_\_\_

If yes, which camp? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Weekly income \_\_\_\_\_ or Semi-Monthly \_\_\_\_\_ or Monthly \_\_\_\_\_ or Annual \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Weekly income \_\_\_\_\_ or Semi-Monthly \_\_\_\_\_ or Monthly \_\_\_\_\_ or Annual \_\_\_\_\_

Are you receiving any government aid? ☐ Yes ☐ No

Type? ☐ FOSTER CARE ☐ DCFS ☐ S.S. ☐ Unemployment

Foster Parent Name \_\_\_\_\_

(Income information does not have to be provided for foster parents)

**IMPORTANT COMMENTS:** Camper, Agency Personnel or Parent, please explain why you think campership should be given. This information will be taken into consideration along with income.

(ATTACH ADDITIONAL SHEET IF NEEDED)

**NOTE TO APPLICANT AND PARENTS:** It is recommended that the camper make an effort to earn part of his/her camping expenses or the parents pay partial fees when possible. Parents are also asked to provide clothing for campers and spending money if required.

How much can you pay? \_\_\_\_\_

SIGNATURE OF CAMPER

DATE

Final selection of campers will be made by the respective camping agencies.

Neither the Las Vegas Sun nor the Las Vegas Sun Camp Fund shall be responsible for any injury that may be incurred by a recipient of a Sun Camp Fund Campership during a camping session or while being transported to or from camp.

I, \_\_\_\_\_, parent / legal guardian / foster parent of \_\_\_\_\_,

SIGNATURE

CAMPER

have read the above statement and give my permission for him/her to attend camp.

SIGNATURE OF YOUTH AGENCY REPRESENTATIVE, SOCIAL WORKER, TEACHER, etc.

DATE

**In case of illness or emergency at camp, I may be reached at:**

Address \_\_\_\_\_ Phone \_\_\_\_\_

## RETURN TO:

Las Vegas Sun Summer Camp Fund  
2360 Corporate Circle, 4th Floor  
Henderson, NV 89074

## DO NOT WRITE IN THIS SPACE

Date approved \_\_\_\_\_ Camp \_\_\_\_\_

\_\_\_\_\_ Fee allowed \_\_\_\_\_

Date paid \_\_\_\_\_