

CHANCEY B. WARNER CAMP SCHOLARSHIP
Application Form

Name of child: _____ Birthdate: _____

Parent/Guardian: _____

Mailing address: _____
Street or P.O. Box

City State Zip

Name of Camp: _____

Mailing address: _____

Cost of Camp per week: _____ Number of weeks attending _____

Total Cost _____

Number of Persons in Household _____

Total amount of yearly income* _____

Parent/Guardian's Signature _____

Please Return to: Chauncey B. Warner Camperships
P. O. Box 535
St. Albans, VT 05478

PLEASE NOTE:

APPLICATIONS MUST BE RECEIVED ON OR BEFORE APRIL 1ST

*Under penalties of perjury the above signed certifies that the information contained herein is true and accurate to the best of the above-signed belief.