



*Multi-Sport Athletic Development & Confidence Based Learning  
for Children Between the Ages of Seven and Sixteen*

Dear Parent/Guardian,

Thank you for considering Camp Susquehannock as the camp for your child. Each year, our scholarship program becomes more popular, and our number of applications keeps increasing. To ensure your child is eligible for a scholarship to our camp, we need you to fill in the attached forms in their entirety and email them back to us no later than March 1<sup>st</sup>.

There are a number of steps that need to occur in the application process. Please make sure you complete each step:

1. Send us your fully completed application form accompanied by a **\$100 application fee**. If there is no application fee, we cannot process your application. If your application is accepted, the fee will be credited towards tuition. If your application is not accepted, the fee will be **returned in full** to you. If, however, you withdraw your application after May 1<sup>st</sup>, your application fee will not be refunded.
2. As part of the scholarship application process, we will need some references for the child who is applying to attend camp. Please let your references know that we will be contacting them between March 1<sup>st</sup> and May 1<sup>st</sup>.
3. Where possible, we will have a camp representative come and visit the child applying for the scholarship or we will conduct a video interview. We ask that the child's parent or guardian be present at the time. We will contact you to set up a time.
4. We will let you know on or before May 1<sup>st</sup> whether you will be awarded a scholarship to attend The Susquehannock Camps or not. If you are granted the scholarship, and for any reason your child is unable to attend camp, please let us know immediately so we may use that scholarship to benefit another child.

If you have any questions, please do not hesitate to call.

Sincerely,  
Mac Morgan  
Board Member



2308 Tripp Lake Road, Brackney, PA 18812

# Camp Susquehannock Scholarship Application

Email to: jbell@susquehannock.com



A registration fee of \$100.00 must accompany this application to begin the process.

Please make check payable to "Camp Susquehannock, Inc."

If an applicant is accepted, the fee will be credited toward tuition. If the applicant is not accepted, the fee will be returned.

Application deadlines: March 1st

Please Print

Questions with \* are required

\_\_\_\_\_ \*  Male  Female

\* Full Name of Camper (Last, First)

Nickname

\* Date of Birth (MM/DD/YYYY)

\* School Attending

\* Grade completed by July 1, 2024

\* Name of Parents/Guardians

\* Home Address

City

State

Zip

\* Parents/Guardians Preferred Phone(s)  Home

Cell

Work

Other

Camper's Email

\* Parents/Guardians Preferred Phone(s)  Home

Cell

Work

Other

\* Parent/Guardian's Email

\* Camper resides with (check appropriate items)

Both parents (same household)

Both parents (separate households)

Father

Mother

Other (please specify)

\* Family Dynamic

Father Deceased

Mother Deceased

Parents Divorced

Parents Separated

One parent unable to work

\* Mother/Female guardian's Occupation: \_\_\_\_\_ Current Salary: \$ \_\_\_\_\_

\* Father/Male guardian's Occupation: \_\_\_\_\_ Current Salary: \$ \_\_\_\_\_

**IF CHILD IS SUPPORTED BY TWO PARENTS/GUARDIANS, INFORMATION FOR BOTH MUST BE FILLED OUT**

\* An Emergency Contact (other than Parent/Guardian): \_\_\_\_\_

Name

Relationship to Camper

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

\* Registration fee of \$100 enclosed:  Yes  No Additional amount of you can contribute towards camp tuition: \$ \_\_\_\_\_?

(Registration fee will be returned if scholarship is not granted)

**If camper receives a partial scholarship, who will be responsible for Camper's bill:**

Name	Relationship to Camper		
Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	

**If camper is being sponsored:**

Name of school or organization sponsoring you: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

\* **Dates:** Please select which session you would *prefer* the applicant to attend. **NA for 2021**  
**We cannot guarantee your first choice. Applicant must remain flexible for either session.**

- 2-week session: June 26 to July 10
- 4-week session: July 13 to August 10
- Either would be suitable
- Both are needed

\* **Your application is not complete without a copy of your most current Tax Return form and all pertinent schedules (i.e., itemized deductions, business gains/losses, etc.). Please also provide the figures below:**

\* Adjusted Gross Income: \$ \_\_\_\_\_  
\* Taxable Income: \$ \_\_\_\_\_  
\* Child Support: \$ \_\_\_\_\_ (Annual/Monthly) Monthly Government Assistance: \$ \_\_\_\_\_  
\* Home:  Own Present Market Value: \$ \_\_\_\_\_  
 Rent Unpaid Mortgage: \$ \_\_\_\_\_  
Annual Rate: \$ \_\_\_\_\_

\* Please give the information below for **all dependent children:**

<u>Name</u>	<u>Age</u>	<u>Name of School</u>	<u>Public/Private/College</u>	<u>Tuition/Year</u>	<u>Assistance</u>

\* How much did you spend for education this school year? \$ \_\_\_\_\_

Are you sending other family members to camp?  Yes  No  
Name of camp(s): \_\_\_\_\_  
Cost: \$ \_\_\_\_\_

**THIS IS VERY IMPORTANT!** The Scholarship Committee **MUST** understand your need for financial assistance. If you have extraordinary expenses, either on-going or one-time or someone is out of work or you are planning for a future expense, we need to know to best assist you in this summer's camp experience. Use another page, if necessary.

\* Describe any extraordinary expenses and your need for aid at this time:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does camper have previous camp experience (not including Camp Susquehannock)?  Yes  No  
Name of previous camp \_\_\_\_\_ # of years attended \_\_\_\_\_ Overnight or Day? \_\_\_\_\_

\* My child works/plays well with others in school and other situations (select all that apply)  Own age  Older  Younger

\* Describe your child's personality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* What is the main purpose in sending your child to Camp Susquehannock? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Is there any special sport or activity you wish to have emphasized?  No  
\_\_\_\_\_  
\_\_\_\_\_

\* Does your child have any special interests, aptitudes or abilities?  No  
\_\_\_\_\_  
\_\_\_\_\_

\* Please note any other special information that we should be aware of (Including special needs i.e. medical issues, allergies, and/or social/physical conditions that require attention. Include any changes this past year that may have impacted your child socially or emotionally).

Please check:

Medical Condition  Life threatening allergy  Mild allergy  Medication  Family tragedy  Other  None

Please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* (NEW applicants only) Please provide us with 3 references for your child. This should be someone that knows your child well and has seen them in a social setting. At least one reference must be a teacher. Other good examples include a coach, a community leader etc.**

1. Name of reference \_\_\_\_\_ Knows child from: \_\_\_\_\_

Known child for how long: \_\_\_\_\_

Contact phone number \_\_\_\_\_ or Email: \_\_\_\_\_

2. Name of reference \_\_\_\_\_ Knows child from: \_\_\_\_\_

Known child for how long: \_\_\_\_\_

Contact phone number \_\_\_\_\_ or Email: \_\_\_\_\_

3. Name of reference \_\_\_\_\_ Knows child from: \_\_\_\_\_  
 Known child for how long: \_\_\_\_\_  
 Contact phone number \_\_\_\_\_ or Email: \_\_\_\_\_

**Campteen:** We have a store at Camp where your child can buy supplies like toothpaste or other toiletries, or a Camp memento. We kindly ask that you provide \$75, which should be sufficient for a 2 - 4 week stay. Any left-over balance of Camp Store money will be returned to you at the end of the Session. If you would like to deposit money in your child's camp store account via credit card, you can fill in the information below. You may also send payment with your child, pay in person or call the Camp office. Cash, checks or cards accepted.

<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> Master Card
<b>Account Number:</b>		<b>Expires:</b>
<b>Amount:</b>		<b>CVC code (on back)</b>
<b>Authorized Signature:</b>		
<b>Cardholder's Name:</b>		
<b>Billing Address for card:</b>		

**Authorization, Release and Waiver:**

*I hereby give permission for my child/camper to participate in all camp activities and programs, including out-of-camp trips and "extra" activities, such as horseback riding.*

*I authorize Camp Susquehannock Inc. to use photographs and video media of my child as may be needed for its records or public relations programs.*

*Medical information and releases are also required to be submitted prior to admission. If a camper arrives late, leaves early or is dismissed for any reason, there will be no refunds. There are additional charges for extra days and airport transportation, bedding, tutoring or horseback riding.*

*I, individually, and on behalf my child/camper, further assume all risk of, and do hereby release, discharge, and hold harmless Camp Susquehannock Inc., its directors, officers, agents and employees (Collectively, "the Camp") from and against all liability for loss, damage, injury (including death), or illness to the camper or his/her property relating to or deriving from his/her presence at camp, engaging in any and all camp activities, and travel to or from camp, including, to the fullest extent permitted by law, injury or damage caused by the Camp's negligence.*

*This Authorization, Release, and Waiver shall be governed and interpreted by the laws of the Commonwealth of Pennsylvania, excepting its choice-of-law rules, and any legal action arising from this Authorization, Release, and Waiver and/or related camp activities shall be subject to the exclusive jurisdiction of the courts of Susquehanna County, Pennsylvania.*

*I have read and understand the contents of this authorization, release and waiver including payment, refund and cancellation policy and intend to be legally bound by them.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Reminder:**

**Email to: [macmorgan@susquehannock.com](mailto:macmorgan@susquehannock.com)**

**A registration fee of \$100.00 must accompany this application to begin the process.**

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**Application deadlines: March 1st**

## Camper Pick Up and Release Authorization

Camper Name: \_\_\_\_\_

Session: \_\_\_\_\_

Please select one of the options below and fill in the blank as necessary:

- The child mentioned above may ONLY be picked up by a parent or guardian listed on their registration form.
- The child mentioned above may be picked up by the following people (do not forget to list relatives, friends etc.)

\_\_\_\_\_

If there are any safety or custodial issues The Susquehannock Camps need to know about, please share with us and provide appropriate documentation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_