



Friends Never Forget Camp Sponsorship Application

Parent Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Name of Fallen and Date	

Please submit a legible copy of the following forms: DD Form 1300–Report of Casualty. This documents the death of the member of the Armed Services.
All information can be scanned and emailed to camps@friendsneverforget.org

Information About your Child

Name	
Age	Male/Female
Shirt size	
Hobbies or Interests	

Sponsorship type you are applying for

Tell us which type of sponsorship you are applying for please fill out all the block for either scholarship

Type A	Type B
Camp Name	What type of camp would the child be interested in order of preference
Address	1.
State and zip	2.
Phone:	3.
Email:	Do you prefer local day camp or sleep away camp?
1 st date preference	1 st date preference
2 nd date preference	2 nd date preference
Est. cost to include travel	



Additional information

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Previous camps child has attended and approximate dates

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Have you applied for scholarships before with us? Yes _____ No _____

If yes, please list child's name, year you applied and whether you were granted a sponsorship

Do you have another application submitted for an additional child? Yes _____ No _____

If yes please list child or children's names

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted for a sponsorship, any false statements, omissions, or other misrepresentations made by me on this application may result in my loss of the award

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and we look forward to meeting your needs