

# **CJW JUNIORETTE CAMBERSHIP APPLICATION FORM**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Camp you will attend: \_\_\_\_\_

Type of Camp: \_\_\_\_\_

## **INCOME INFORMATION**

Father's Income: \_\_\_\_\_ Mother's Income: \_\_\_\_\_

Number and ages of other dependent children: \_\_\_\_\_  
\_\_\_\_\_

Will other dependent children attend camps that will require tuition? \_\_\_\_\_

Will any other financial aid be received towards applicants or dependents tuition? \_\_\_\_\_

List any other financial circumstances you would like to make us aware of:  
\_\_\_\_\_

## **PLEASE CHECK ONE**

\_\_\_\_ Please pay my Campership directly to (name and address of Camp):  
\_\_\_\_\_

\_\_\_\_ I will submit receipts for reimbursement to CJW. Requests must be received within 6 months of award date.

I DECLARE THAT THE INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Juniorette Advisor: \_\_\_\_\_

Name of Sponsoring Juniorette Club: \_\_\_\_\_