

The Spain Campership Grant Program Application

Date: _____

Camper Name:

Parent / Guardian Name:

Address:

Telephone: (Daytime) _____ (Cell) _____

Email: _____

Please make a brief statement of need in the space provided below:

Spain Grant applicants' families receive some form of public assistance, which has been verified by a representative of a third party organization.

Organization: _____

Representative: _____

Contact Information: _____

For any camper receiving a campership, we would like in return, direct feedback indicating the impact Camp Pecometh had on their lives. We will send out a form after the conclusion of camp inquiring about their experience. Thank you!