



UPWARD BOUND CAMP
CAMPERSHIP APPLICATION

P.O. Box C, Stayton OR 97383
 Phone (503) 897-2447 Fax (503) 897-4116
camp@upwardboundcamp.org

OFFICE USE ONLY	
Received by:	_____
Date received:	_____
Date reviewed:	_____
Approved by:	_____
Decision to Fund:	Y N
Amount:	_____

This confidential application must be completed in FULL AND include a minimum payment of \$115 to process. Incomplete applications will be returned and may delay processing for available spots.

CAMPERSHIP APPLICANTS MUST HAVE A FULLY COMPLETED REGISTRATION SUPPLEMENTAL ON FILE WITH UBC WHICH IS CURRENT WITHIN THE LAST 2 YEARS IN ORDER TO PROCESS APPLICATION.

*Any and all financial aid is credited to camp week/event applicant is registered.
 No checks or funds will be issued directly to the applicant.
 The \$115 deposit applies to camp fees and will be refunded if not eligible for financial aid.
 Scholarships will be awarded by need and availability of funds.*

THERE ARE NO FULL SCHOLARSHIPS

*Applicants should be able to pay a minimum of \$465 of the \$929 camp fee.
 Please contact the office for more info on campership applications.
 Sending in campership application does not guarantee scholarship.*

APPLICANT WILL RECEIVE NOTICE WITHIN 45 DAYS OF CAMP DATE REQUESTED REGARDING ACCEPTANCE OR DENIAL OF FINANCIAL AID

CAMPER INFORMATION

Please select one: New Camper Returning Camper

Scholarship correspondence should be sent to address of: Camper Guardian Contact

Camper's Full Name: _____ Birth Date: _____ MM/DD/YYYY

Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Phone: _____ Email: _____

CONTACT INFORMATION

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Preference: Phone Email US Mail

PARENT/GUARDIAN INFORMATION

Is camper own guardian? Y N (If YES skip)

Guardian

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Work #: _____

Email: _____ Contact Preference: Phone Email US Mail

Would you like to subscribe to our e-newsletter?
 Yes Please No Thank you

APPLICATION INFORMATION

Has applicant been awarded a scholarship to any other camps this season? If YES - please list camp: _____	Y	N	Not Sure
Has applicant been awarded a UBC scholarship in the last three years? IF YES - please list year awarded: _____	Y	N	Not Sure
Please list applicant's last vacation/recreational trip: _____ What was the cost of their last vacation/recreational trip: _____			
Does applicant have transportation to camp?	Y	N	Not Sure
Is applicant free of communicable diseases & healthy?	Y	N	Not Sure
Has the applicant ever been sent home from a recreational event due to behavior that was out of control or endangered someone else, self, or property?	Y	N	Not Sure

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PAYMENT INFORMATION

How will you pay for Camp? Self-Pay Brokerage County DDS
 Other (specify): _____

Agency Name: _____ Agency Contact: _____
 Agency Phone: _____ Agency Email: _____
 Agency Fax: _____ Agency Address: _____

How do you know the applicant wants to attend UBC? _____

Identify any extenuating circumstances regarding this applicant's request:

Is this request for respite care assistance? Y N
 Will camper have any other recreational/respite option if not funded? Y N
 Where has applicant applied for assistance to go to camp? _____
 What portion of camp fee is the applicant able to fund with help from home community? _____
 Will or has anyone else from the applicant's home applied for funds? Y N IF YES - Who? _____
 Occupation _____ School/Worksite or Day Program _____

APPLICANT FINANCIAL STATUS: (USE OTHER PAPER IF NEEDED)

INCOME SOURCE	WEB ADDRESS	MONTHLY AMOUNT

MONTHLY EXPENSES: (USE OTHER PAPER IF NEEDED)

EXPENSE	MONTHLY AMOUNT	EXPENSE	MONTHLY AMOUNT

Is camper financially self supporting? Y N If NO - who is financial supporter? _____
 If camper is self-supporting, who assists camper in financial accountability? _____

LIST THREE REFERENCES OR CONTACTS THAT CAN VERIFY NEED OF CAMP AND/OR FINANCIAL AID:

Name: _____ Relationship: _____ Phone: _____ Email: _____
 Name: _____ Relationship: _____ Phone: _____ Email: _____
 Name: _____ Relationship: _____ Phone: _____ Email: _____

Any other comments that can be made to demonstrate camper eligibility or need.

As person completing this application, I verify that the information herein is true and complete to the best of my knowledge:

Signature: _____ Date: _____

Camper Applicant Signature: _____ Date: _____