**Email this form to Kris Burbank (Camping Assistant) at kburbank@northernstar.org

To be completed by Parent or Guardian:	Camp Dates: FromTo
Youth's Name	Age
Youth's Address	
	StateZip
Camperships are given to families with vario hardship, low-income family, etc.	us needs including unemployed head of household, medical
Approximate Household Income: □ under \$20,000	□ \$20,001-\$30,000 □ \$30,001-\$40,000 □ \$40,001 or more
Does your child receive either free or reduced	lunch at school? Yes No
Please describe reason for requesting financial assistant consideration.	ce. Include any circumstances we should be aware of and take into
Please provide a narrative to explain why this experience	e of attending a Discovery Camp program would benefit your child (ren)
to continue to support the program if they receive a thank	the financial assistance program. Feedback shows that donors are more likely you note. We encourage you and your child (ren) to write a thank you note ir family so we can continue offering support into the future.
Campership is requested for:	
□ Discovery Day Camp □ Discovery STEM	Camp
Amount Youth Will Pay: \$ (up	o to 50% of the total fee)
By checking this box, I hereby certify that our	circumstances currently reflect our financial need as accurate.
Parent or Guardian Name:	Date:
Parent's email address to send confirmation to:	

Confirmation will be emailed to the parent. Retain a copy of your confirmation & bring with to camp.

**Email this form to Kris Burbank (Camping Assistant) at kburbank@northernstar.org