

Coeymans Camp Fowler Scholarship Fund Application

IMPORTANT Parent information:

Requesting financial assistance?

Follow steps 1 - 5

- On-line registration secures week of choice. Visit www.campfowler.org to register. \$150 deposit required.
- Paper registrations are confirmed with Scholarship payment.
- Your account balance is due paid in full before June 25th.
- We accept applications until June 1st, or until our scholarship funds are depleted: whichever comes first.

How to complete and submit an application:

1. **Complete** the scholarship application: please **PRINT** clearly.
 - a. **You can do this online:** <https://campfowler.wufoo.com/forms/x511owd1h9jqv/>
 - b. **Or complete this paper application.**
 - c. Your application submission will be delayed if you leave any questions unanswered, or if we can't read it.
2. **Request** a reference/recommendation from your **pastor, community associate, and service agency or guidance counselor.**
 - a. **You can do this online:** <https://campfowler.wufoo.com/forms/k1mv2a0a1kljqhh/>
 - b. Or bring your completed application to your **pastor, community associate or service agency rep.** He/She is required to review, verify your financial need and provide Fowler with any information regarding your situation.
 - c. Your application submission will be delayed if you submit this form without your reference/recommendation completed.
3. Either **register** your child on-line (pay the \$150 non-refundable deposit) **OR** complete a paper registration form.
 - a. You must include a completed paper registration in your application packet **IF** your child is not registered on-line.
4. Those submitting paper registrations are encouraged to provide some **payment** on behalf of their child with the submission packet.
5. Send your properly completed scholarship application packet to
 - a. **Camp Fowler, 1790 Grand Blvd., Schenectady, NY 12309.**
 - b. Call or email any questions to campfowler@rca.org or 518-631-6789.

Maximize award acceptance: Did you include in your packet:

- APPLICATION FORM completed & included?
- RECOMMENDATION FORM completed & included?
- CAMPER REGISTRATION FORM (unless registered on-line) included?
- PARENT PAYMENT (unless registered on-line) included?
- PACKET SENT TO: Camp Fowler, 1790 Grand Blvd., Schenectady, NY 12309

Coeymans Camp Fowler Scholarship Fund Application

Application #
(office only)

Complete in full, leave nothing blank and PRINT neatly. We require an email address.

Applicant/Account Holder (Parent) Information

Parent's Info	First	Last	Day Phone	Cell Phone
E Mail			Relationship to child (circle ONE) Mother or Father or Grandparent or Guardian	
Street Address				
City	State	Zip Code/Country	Registered On-line? Yes or No	How many children are you requesting assistance for in this application:

Scholarship Request Information

Parents are encouraged to help their child to camp. We suggest \$50 per camper. Can you help with \$50? YES <input type="checkbox"/> or Other <input type="checkbox"/> <i>Please include a check.</i>	Are you receiving additional financial assistance from family or friend? If YES, how much? Name of family or friend?	Are you receiving additional financial assistance from a Church, Agency or Other? If YES, how much? Name of Church, Agency or Other?	How much are you requesting from the Coeymans Fund ?
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Coeymans Scholarship Fund Policy Statement

The purpose of the Coeymans Camp Fowler Scholarship Fund is to provide financial assistance to children attending Camp Fowler, who without help would not be able to attend. The Fund strives to help as many children with financial need as possible so they too may experience the benefits of a week at Camp Fowler. *You can help fulfill that mission by providing some financial assistance of your own, in whatever amount you can afford for your child.*

It is only under the strictest of financial need that the fund will provide a full scholarship.

First Camper Information

Child's Name	(M/F)	Age	Grade	Returning Camper: Yes or NO	If yes: when	Church:
Does this child live with (circle one): 1 parent or 2 parents or guardian			Is this child affiliated with a church? Yes or No? If yes, which church? If yes: what is the Pastor's name?			
Home address (if different than applicants)					Phone (if different than applicants)	
What do you hope your child will experience by spending a week this summer at Camp Fowler? (If needed, attach additional sheet.)						

Second Camper Information

Child's Name	(M/F)	Age	Grade	Returning Camper: Yes or NO	If yes: when	Church:
Does this child live with (circle one): 1 parent or 2 parents or guardian			Is this child affiliated with a church? Yes or No? If yes, which church? If yes: Pastor's name?			
Home address (if different than applicants)					Phone (if different than applicants)	
What do you hope your child will experience by spending a week this summer at Camp Fowler? (If needed, attach additional sheet.)						

Financial information

First parent's (or guardian's) place of employment	Occupation	Cell/Work Phone
Second parent's (or guardian's) place of employment	Occupation	Cell/Work Phone
Total family income <small>(all sources of income including child support, alimony, EIC)</small>	Signature of Applicant: <small>(your signature indicates all information is accurate)</small> ✕	
# of people in household		
Describe special circumstances you would like us to know		

Dear Parent: please review your application packet before sending!

Have you:

- 1. Fully completed the application?**
- 2. Included a reference recommendation?**
- 3. Included a paper registration, if NOT registered on-line?**
- 4. Included a parent payment* if NOT registered on-line?**
- 5. Send all required information in one packet to:
Camp Fowler, 1790 Grand Blvd., Schenectady, NY 12309**

*We encourage parents to include a parent payment with the application.
Though not required, we suggest \$50 parent payment.

CAMP FOWLER 2017 CAMPER CAMPER REGISTRATION FORM

Complete all fields. Print clearly. Submit with payment and signed Waiver Releases!

Today's date:		Camper status: RETURNING or NEW (circle one)			
CAMPER INFORMATION					
Camper First Name:		Last Name:		Birth date:	Age:
				/ /	
				2016/17 Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Camper weight:	Cabin Mate Names (optional):		Select camp week: (Unless otherwise noted weeks are \$425)		
	1) _____ 2) _____ 3) _____ <small>(Use line 3 for parent cabin-counselor or cabin mate)</small>		Residential: <input type="checkbox"/> 20, <input type="checkbox"/> 25 (\$380), ends Thursday, <input type="checkbox"/> 30, <input type="checkbox"/> 40, <input type="checkbox"/> 60, <input type="checkbox"/> 70, <input type="checkbox"/> 80, <input type="checkbox"/> 80/85, <input type="checkbox"/> 95 (ends Thursday) Wilderness: <input type="checkbox"/> 22, <input type="checkbox"/> 32, <input type="checkbox"/> 42, <input type="checkbox"/> 52, <input type="checkbox"/> 62, <input type="checkbox"/> 72, <input type="checkbox"/> 82, <input type="checkbox"/> 92 Be sure to view the 2017 calendar for camp week details!		
PARENT/GUARDIAN INFORMATION					
Parent/Guardian: First Name,		Last Name:		E Mail Address (Required for registration):	
Street address:		Primary Phone:		Other Phone:	
		()		()	
P.O. Box:	City:		State:	ZIP Code:	
Emergency contact person:	Emergency contact phone number:			Family church affiliation:	

INSURANCE INFORMATION & MEDICAL HISTORY					
Insurance provider:		Identification number:		Group number:	
Primary care physician:		Physician's phone:			
		()			
<small>(Please provide current and accurate medical information regarding your child's medical history)</small>					
Check all medical issues that apply to your child:			FOR ALL ISSUES CHECKED Please provide detailed information (use separate sheet if necessary):		
<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> ASTHMA <input type="checkbox"/> PHYSICAL LIMITATIONS <input type="checkbox"/> SPECIAL DIET <input type="checkbox"/> LEARNING DISABILITIES		<input type="checkbox"/> FAINTING <input type="checkbox"/> ALLERGIES: ENVIRONMENTAL <input type="checkbox"/> ALLERGIES: FOOD <input type="checkbox"/> ALLERGIES: MEDICATION <input type="checkbox"/> ALLERGIES: INSECT <input type="checkbox"/> OTHER			
Medical forms & Waivers REQUIRED to attend camp:					
<input type="checkbox"/> Current Immunization List <small>(Bring current immunization list to camper check-in. Required to attend camp: NYSDOH)</small>		<input type="checkbox"/> Medical Authorization Form (MAF) <small>(Completed form required at camper check-in. Requires parent and doctor signature for camp nurse to dispense any form of medication)</small>		<input type="checkbox"/> Waivers: Review & Sign <small>(Required waivers: 'parent signed' required with registration submission. Required to attend camp)</small>	

PAYMENT OPTIONS (FULL PAYMENT DUE BY JUNE 25)															
Many churches and organizations give scholarships to Fowler campers. If, you are applying for aid give your church a copy of your registration receipt. Your registration receipt is sent to your email address. Apply early: aid is limited. Final balance is due prior to June 25. Scholarship awards are due paid to your account PRIOR to June 25.															
Select payment option: <small>(Payment must accompany registration)</small>		Select payment method:		Name on Credit Card:											
<input type="checkbox"/> \$150 non-refundable deposit OR <input type="checkbox"/> Payment in full: \$425 or \$380 (mini week)		<input type="checkbox"/> By Check <small>(Enclose check payable to Camp Fowler & mail to 1790 Grand Blvd. Schenectady, NY 12309)</small> OR <input type="checkbox"/> By Credit Card (complete card info)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Account #</td><td></td></tr> <tr><td>Exp date:</td><td></td></tr> <tr><td>CV code:</td><td></td></tr> <tr><td>Zip code:</td><td></td></tr> <tr><td>Amount:</td><td style="text-align: center;">\$425 or \$380 or \$150</td></tr> </table>		Account #		Exp date:		CV code:		Zip code:		Amount:	\$425 or \$380 or \$150
Account #															
Exp date:															
CV code:															
Zip code:															
Amount:	\$425 or \$380 or \$150														
<small>The above information is true to the best of my knowledge. I authorize my child to be registered in the camp week indicated. I understand that I am financially responsible for full payment of this week. I understand the non-refundable deposit is not under any circumstances refundable.</small>															
<hr/> Patient/Guardian signature				<hr/> Date											

Mail completed registration form, payment and signed Waivers form to: Camp Fowler, 1790 Grand Blvd. Schenectady, NY 12309
 OR Register ONLINE at www.campfowler.org. Call 518-631-6789 for more information. Fowler does not accept Faxes.

COMPLETE ONLY IF YOUR CHILD IS NOT REGISTERED

Parent/Guardian "Release Waiver(s)" due WITH registration submission.

Parents please read each section and date and sign indicating your understanding, release and compliance.
This form completed and signed by a parent/guardian is required for your child to attend Camp Fowler.

Your child's name:

PHOTO & VIDEO RELEASE

I understand photos and videos are taken during camp and used for promotional and publicity material for Camp Fowler. I hereby give permission that photos and/or videos of my child may be used for Fowler publicity purposes.

Parent please provide your signature of consent for the "photo & video" release:

Date:

Signature:

PARENT/GUARDIAN RELEASE WAIVER

My child's medical history and all information as I have listed is accurate and current. I understand I am required to submit "Immunization Records" and the "Medication Authorization Form" on behalf of my child to STAFF at ARRIVAL check-in. I agree that my child's medical records can be released in case of illness/injury and/or transportation as required. In the event that I can not be reached, I give permission to the Physician selected by the Fowler Director to hospitalize, select treatment for, order medications, anesthetize, and/or perform surgery on my child listed herein.

Regarding viral infections: I understand and will comply that if my child develops a fever of 100 degrees or more he/ she will be quarantined immediately and released to me upon my arrival. I understand no exceptions will be made.

I understand that Camp Fowler is in complete compliance regarding all NYSDOH regulations.

I understand and will not seek reimbursement of camper fees should in the unlikely event my child needed to return home from illness/injury.

Parent please provide your signature of release and consent:

Date:

Parent's signature:

RISK DISCLOSURE & WAIVER

The nature of the Fowler program involves risks. Our activities include such things as: archery, canoeing, hiking, back country travel and camping, arts, recreation, sailing, low ropes, swimming. Some of our programs and trips take place in the wilderness where access to emergency medical facilities may be more remote. Recognition and management of risks and hazards in the wilderness and program are taught and practiced at Fowler. Two weeks of staff training include certification in Wilderness First Aid, CPR, emergency procedures, skills for activity areas and leading wilderness activities. Fowler has a Health Director on site at camp. The New York State Department of Health inspects the camp each summer. A certified Lifeguard or Water Safety Instructor supervises all waterfront activities.

Even Fowler's best efforts cannot guarantee safety or eliminate real risks. If after reading through Fowler's publications you have any questions about Fowler's programs, activities and/or personnel please don't hesitate to call the Camp Director to discuss these. He can be reached at (518-631- 6789 – winter; 518-548-6524 – summer). It is important that parents and campers assume these risks with us as we together participate in the Fowler program.

Please continue reading and indicate your consent with your signature below.

I am the parent/guardian of the camper registered herein and I hereby give permission for my child, the camper to be transported in camp-designated vehicles for off-site trips as well as for emergency or routine medical care. I understand that the driver of these vehicles is a staff member 21 years of age or older. I agree to the release of any records necessary for treatment, referral, billing, insurance purposes or any other purpose Fowler Administrative staff deems necessary. I have been informed and am aware – and give permission – for my child to participate in swimming at sites that are not inspected by a permit-issuing official. With the permit-issuing official's knowledge, qualified Fowler staff will determine the suitability of the swimming site. I understand the location of canoe trips, swimming, and hiking may be remote or inaccessible and thus prevent prompt transfer to an emergency medical facility. I have carefully read and understand the program policies and risks as presented in Fowler publications. I have had the opportunity to ask questions and I have discussed these with my child and we accept the inherent and program risks involved.

By signing below I acknowledge that participation in the Fowler program involves risk to the participant and may result in various types of injury. In consideration for the opportunity to participate in the Fowler program, I acknowledge and accept the risks of injury associated with participation in the Fowler program.

Parent please provide your signature of release and consent:

Date:

Parent's signature:

PAYMENT POLICY & CAMPER FEES

1. The "Account Holder" is responsible for all fees.
2. \$150 non-refundable deposit is not ever refundable.
3. Full payment is required by June 26.
4. Payments received after June 26 may accrue a late fee.

5. After June 26, payments are not refundable.
6. Transfer requests are conditional upon availability.
7. "Scholarships" from churches & organizations are due paid to your account prior to June 26.
8. Refund request (for special circumstances) form link is available on the website.

Parent please provide your signature of understanding & compliance:

Date:

Parent's signature:

REQUIREMENTS at CAMPER ARRIVAL & CHECK-IN

- Current Immunization List
 All Waivers & Signatures herein

- Medical Authorization Form (MAF)
 Proper Camping Gear for my child

Parent please provide your signature of understanding & compliance:

Date:

Parent's Signature: