



## CAPE COD SEA CAMPS CAMBERSHIP APPLICATION

*\*Completed applications and 2 references must be on file by January 1<sup>st</sup>.*

Circle one: **Resident Camp** or Monomoy Day Camp

Name of Applicant Flanagan Leila J.

Last

First

Middle

Date of Birth (Mo,Day,Yr) 6/4/09 Grade Completed at end of current school year 4 Male    Female X

   Dr    Mr    Mrs X Ms Nancy J. duMont

(Please give full name of parent(s) or guardian)

Home PO Box/Street Address 1241 Taber Hill Rd Best Phone (802) 793-1430

City Stowe State VT Zip 05672

Parent /Guardian Email address: nancyjdumont@gmail.com

Circle any which may apply: Father deceased Mother deceased Parents Divorced Separated Parent unable to work  
If parents are divorced, who has custody of child? Mother

### APPLICATION FOR ENROLLMENT IN THE FOLLOWING PROGRAMS: (Choose one program only.)

#### CAPE COD SEA CAMPS - Resident (Overnight) Program

   Full Season - 7 weeks (Ages 8-13)  
   Half Session- 3 1/2 weeks (Ages 8-13)

   Full Season - 7 weeks - Leadership Training Program (Ages 14-17)  
   Campers-A-Way Sessions - 10 days (Ages 8-13)

OR

#### CAPE COD SEA CAMPS - Monomoy Day Camp (Day Program) (Ages 4-17)

Please specify exact dates and number of weeks you wish your child to attend, i.e., July 1, 8, 15:

open to availability flexible

OR

#### CAPE COD SEA CAMPS - Monomoy Days A-Way (Weekly Overnight Camp) (Ages 8-13)

Please specify exact dates and number of weeks you wish your child to attend, i.e., June 30, July 14th :

open to availability flexible

**\*\*Specific Amount of Aid Requested: \*\*This must be completed for consideration of any financial aid**

(Please indicate specific amount or discount percentage you are requesting, i.e., 20% or \$100.) as much avail. pls.  
income sensitive, single mother. 90%



**Please give information for all dependent children:**

Name Leila Flanagan Age 9 Name of School Stowe Elementary Public/Private College public school VT Tuition per Yr  Assistance

Currently yearly education costs 0

**Other family members attending camp:**

Name N/A Camp  Cost

**We reserve the right to request verification of items stated below through a copy of your most current 1040 Tax Form and all pertinent schedules, i.e., itemized deductions, business gains/losses, etc.**

Father's Business or Profession N/A Sole custody mother no child support Current Salary   
Mother's Business or Profession Realtor Current Salary 25,240 2017

Gross Income for the current and previous two years: see above  
20\_\_ \$  20\_\_ \$  20\_\_ \$

Taxable Income for the current and previous two years:  
2016 \$ 54,000 20\_\_ \$  20\_\_ \$

Sources of Non-Taxable Income:

Child Support (Annual/Monthly) N/A  
Other

**Describe Investment or Accounts:**

	Annual Yield	Current Market Value
Savings	<u>0</u>	
Checking		<u>187.98</u>
IRA	<u>0</u>	
Stocks/Bonds	<u>0</u>	
Other	<u>0</u>	

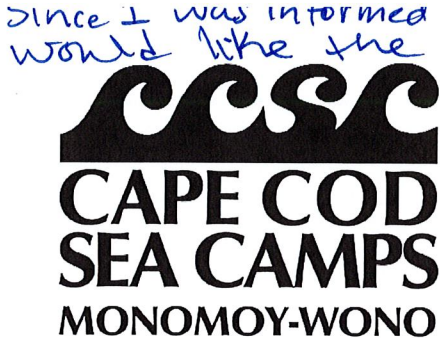
Home: Own X Present Market Value 395,000 Unpaid Mortgage 165,000  
Rent  Annual Rate

Describe any real estate you own other than your primary residence. N/A

	Present Value	Unpaid Mortgage
2nd Home		
Business		
Other		

How much financial support can you receive from church, community groups, grandparents, friends, ex-spouse, etc. for your child's tuition? 10 %

**This is very important!! The Campership Committee must understand your need for financial assistance. If you have extraordinary expenses, either on-going or one-time or someone is out of work or you're planning for a future expense---we need to know to best assist you for this summer's camp experience. Describe any other extraordinary expenses or need for aid at this time. Thank you.**



P.O. BOX 1880  
BREWSTER, MASSACHUSETTS 02631-0062  
(508) 896-3451 (508) 896-3626 FAX (508) 896-8272

Since I was informed this is a wait list opportunity only at this point I would like the option to fill this out if an opportunity becomes available. My daughter is a great learner, excellent student with no behavioral issues. Thank you. Nancy

**CAPE COD SEA CAMPS**  
**CAMPERSHIP REFERENCE FORM**

**TO THE CANDIDATE:** In order to process your application, we must receive TWO (2) completed reference forms. The person completing the reference should have been involved in an activity away from home, such as: school, church, team sport, etc.

**TO THE REFERENCE:** You have been asked to provide a character reference for the following candidate, who has applied for scholarship aid from Cape Cod Sea Camps. Not only do we need an honest assessment of the candidate's personality, but also of their ability to be an active participant in the camp community. Your candid and thorough response is appreciated. Please fill out both sides of this reference form. Thank you.

Candidate's Name: \_\_\_\_\_

Referrer's Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Have you worked with children or teenagers? If so, please explain \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What do you consider the candidate's strongest assets? \_\_\_\_\_

What do you consider the candidate's weakest points? \_\_\_\_\_

How does the candidate deal with difficult situations? Give examples: \_\_\_\_\_

What three adjectives best describe the candidate?

\_\_\_\_\_



How does the candidate relate to peers? \_\_\_\_\_



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How does the candidate relate to adults? \_\_\_\_\_

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If the candidate is applying to one of our *resident overnight programs*, how difficult would it be for the candidate to live away from home for 1, 3, or 7 weeks? \_\_\_\_\_

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What do you feel the candidate could offer the Cape Cod Sea Camps? In what way would he/she be a valuable addition? Be specific: \_\_\_\_\_

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What might the candidate gain from the camping experience? Be specific: \_\_\_\_\_

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Does the candidate have special hobbies, interests, activities you are aware of? \_\_\_\_\_

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*Additional comments?* If there is anything you would like to share, please comment below:

*Please mail or FAX the completed form to:*

*Cape Cod Sea Camps, Campership Committee, PO Box 1880, Brewster, MA 02631 FAX (508) 896 8272*