



Crex Meadows Youth Conservation Camp

Camper Application Form



A proud partner of the American Job Center network

Name _____
First Last M.I.

Date of Birth _____ Age _____ Gender _____

Expected Graduation Year _____ Current Grade Level _____ School Attending _____

Social Security Number _____ / _____ / _____ (for internal verification purposes only)

Home Phone (_____) _____ Camper Cell Phone (_____) _____

Home Address _____

City _____ State WI Zip _____

Parent/Guardian Names _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

*CAMPER: Please bring cell phone to use during "Tech Time." Phones will remain locked up during the week and distributed as appropriate.

2021 Session Dates*(2 week sessions) *Please mark all sessions you are able to attend

- Session 1:** June 13, 2021 -June 25, 2021 (**RETURN CAMPERS ONLY!**- attended 2019 session)
- Session 2:** June 27, 2021 – July 9, 2021
- Session 3:** July 11, 2021 – July 23, 2021
- Session 4:** July 25, 2021 – August 6, 2021

Camper Shoe Size (work boots): _____ Camper Shirt Size: __

Why would you like to attend camp this summer? _____

List any community involvement and/or activities you enjoy: _____

Please send your completed application AND report card to:

Crex Meadows Youth Conservation Camp
1805 N 14th St
Superior, WI 54880
OR scan and email to crexcamp@nwcep.org

Application Due Date:
Wednesday, March 10th

*All **NEW** campers participate in an interview for camp acceptance and to determine session placement. You/ your school will be contacted to arrange an interview.



Crex Meadows Youth Conservation Camp



A proud partner of the American Job Center network

Camp Sponsorship/CEP Services Eligibility

NEW applicants must complete this page AND participate in an interview to complete the application process. You and/or your school will be contacted to arrange an interview.

Are you currently a DVR (Division of Vocational Rehabilitation) client? (If yes, please write the name of your DVR Counselor here)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you live in one of the following counties: Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk, Sawyer, Taylor or Washburn? (If NO, you do not need to complete the rest of this page)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you or your family receive Food Share Assistance? (Examples: Food Stamps/ Quest Card)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have an Individual Education Plan (IEP) in school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a Foster Child receiving government support?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any documented Disabilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you or your family receive Supplemental Security Income (SSI)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you or your family receive TANF assistance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you or your family receive Social Security Disability Income?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

What was your total family income: (include all wages collected)	Last month: \$	Last 6 months: \$
How many family members lived with you in your place of residence during the last 6 months? (count yourself, immediate family members including only siblings under the age of 21)	# of family members:	

If you have questions about eligibility requirements please contact the CEP office at (715)392-6081 or (715)682-9141 ext 119 or email crexcamp@nwcep.org

Read the following statements and sign on the line below: (If you are under 18, your parent/guardian must also sign).

- I certify that the information in this application (including income) is true to the best of my knowledge.
- I understand that the information may be checked and that I may have to show documents to support it.
- I realize that services will be terminated if I am found to be ineligible after enrollment.
- I am aware that I may be prosecuted for fraud/or perjury if I deliberately give false information.
- I agree to allow release of information on this form for any verification check that is necessary.

Applicant's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

***** If you DO NOT meet the sponsorship eligibility (based on the information above), a check or purchase order in the amount of \$1,800.00 for the total cost of camp must be received four weeks prior to the start of the enrolled session. *****