



2017 Summer Camp Application

May 1, 2017 – Sept. 29, 2017

Applicant Information					
Student's Full Name:				Date of Birth:	
Parent/Guardian Name:					
Address:					
City:		State:		Zip Code:	
Phone:		Email:			
Please indicate student's tribal affiliation:	Tribal Member Roll #: _____ <input type="checkbox"/>		First Generation (Letter must be submitted) <input type="checkbox"/>		

Education			
Is student currently attending school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last Grade Completed: _____
Name of School Attending:			

Camp 1 Information			
Name of Camp:			
Camp Address:			
How will the student get to camp?	Personal Vehicle <input type="checkbox"/>	Commercial Bus <input type="checkbox"/>	Airplane <input type="checkbox"/>
Total Camp Cost: (Must Provide Documents)		Mileage to Camp: (Must Provide Documents)	

Camp 2 Information			
Name of Camp:			
Camp Address:			
How will the student get to camp?	Personal Vehicle <input type="checkbox"/>	Commercial Bus <input type="checkbox"/>	Airplane <input type="checkbox"/>
Total Camp Cost: (Must Provide Documents)		Mileage to Camp: (Must Provide Documents)	

Information and Signature			
<p>Please complete this application entirely and make sure all information is correct. Failure to supply correct and necessary information will result in delays. This program is for reimbursement only! You must provide receipts detailing the cost of each camp. If requesting mileage you must submit proof of mileage from mapquest.com. Please map quest round trip from your home address. You may attend up to two camps per year and request reimbursement within the following limits \$500 for Tribal Members and \$250 for First Generation. Application should not be submitted for reimbursement until after camp. If application is submitted prior to camp all information will be returned to the address above.</p>			
Parent/Guardian Signature:	_____		Date: _____

Complete Applications consist of:

- ◇ Indian Descent Letter (if applicable)
- ◇ Copy of Report Card (Students who are not enrolled in school are not eligible for this program.)
- ◇ Camp Information (brochure, advertisement, etc.)
- ◇ Receipts and mileage information for reimbursement

Applications can be submitted to the following locations:

Fax: (251) 368-0809 ~ Address: Kim McGhee, 5811 Jack Springs Rd, Atmore, AL 36502 ~ Email: ksmcghee@pci-nsn.gov
For questions and inquires call **Kim McGhee** at (251) 368-9136 Ext. 2662