

HARLEY A. BROWN FUND FOR CAMP QUEST

New Jersey Humanist Network

P.O. Box 8212

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(732) 658-6440

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www.njhn.org

APPLICATION FOR CAMBERSHIP ASSISTANCE

Name _____

Camper's Name _____ Age: _____

Address: _____

City/ST/Zip: _____

Phone: _____

Email: _____

Has Camper attended Camp Quest before? _____

Which Camp Quest preferred? OH___ TN___ MI___ MN___ CA___ CAN___

Amount requested? _____

With this application, please attach a 200-word essay written by the Camper which explains "Why I Want to Attend Camp Quest." Essays may be typed or handwritten, but should be legible. This application must be received by March 31, 2007.

Total Campership assistance available will be based on donations received for the Camp Quest Fund each year. Recipients will be notified by April 30, 2007, and NJHN will make payment directly to the preferred Camp Quest the recipient has chosen.

Please contact Lisa Ridge, NJHN President, at the address, email address, or phone number above with any questions.