

The Seybert Institution Summer Camp Application 2009



Organization

Name: _____

Tax-exempt name of organization (if different) _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Camp Contact Person: _____ Title _____

Camp Site _____

Camp Theme _____

Year agency was founded: _____

Purpose of Organization:

Geographic area or neighborhood served:

Annual budget of entire organization: \$ _____

Request: \$ _____

Total camp budget: \$ _____

Total funds that are still needed for the 2005 camp: \$ _____



Campers

Number of campers: _____ Ages: _____ % from Philadelphia: _____

% who are low-income _____

African American	%	Asian American	%	Caucasian	%	Latino	%	Other	%
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Camp Fees (weekly) \$ _____ Camper Scholarships: \$ _____ # _____

Range of Camperships \$ _____ to \$ _____ # of campers who receive camperships over 50% of fee _____

Camp: Hours: _____ # of camp days per week: _____ # of weeks: _____

If camp offers multiple sessions, may campers attend more than one? _____

How are campers recruited?

How are campers grouped?

Organization: _____

Camper/Staff Ratio _____

What makes your camp special or unique?

Camp Activities



Please describe sample scheduling of typical day.

Frequency and examples of field trips, if applicable. Are extra fees charged?

Camp Staff/Administration



Name of program director: _____ Telephone: _____

Total staff: _____ FT: _____ PT: _____

African American	%	Asian American	%	Caucasian	%	Latino	%	Other	%
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Does camp staff include: (Please check if the answer is yes.)

<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Psychiatrist or Psychologist	<input type="checkbox"/>	Behavior Specialist
<input type="checkbox"/>	Case Worker	<input type="checkbox"/>	Conflict Resolution Trainer(s)	<input type="checkbox"/>	Art, Dance or Music Specialist(s)	<input type="checkbox"/>	Other Specialized Staff (identify)

Organization: _____

Does staff include:

	Check (✓) if Yes	Are they paid (P) or are they volunteers (V)	If paid, what is the hourly rate? (\$) per hour
Teen aides			
College or University students			
Community aides			

What are the qualifications of the staff, including the Camp Director?

How is camp staff recruited?

What training does camp staff receive? Who does the training?

How is camp staff monitored?

Camp's Connections with Families and the Community



Please describe how you interact and communicate with parents or caregivers of children in the camp program, such as "parent/counselor" conferences, telephone, newsletter, special activities. Please describe any special events, workshops, programs for parents or caregivers, culminating family events or other camp outreach that involves camp resources.

Organization: _____

Do parents or caregivers participate as staff or volunteers in the camp? Do they help with fundraising or community outreach? If yes, please describe.

Are staff and volunteers who work with children cleared for child abuse and criminal backgrounds? If not, please explain.

Is camp program affiliated with a religious community? If so, are other children who are not members of this faith accepted as campers?



Evaluation

How will you evaluate the camp's success - for the campers; for the staff? Is camp experience continued through connections with the children during the school year?

Signature of Executive Director or Summer Program Director

Date

***Please attach
10 copies of camp budget (form enclosed) and organization budget, if different
3 copies of the most recent financial statement, preferably audited
1 copy of proof of tax-exempt status***

Deadline for proposals is March 16, 2009

Submit 10 copies of the proposal to:

Judith L. Bardes, Executive Director
The Seybert Institution
P. O. Box 540, Plymouth Meeting, PA 19462-0540

Phone: 610/ 828-8145 ☎ Fax: 610/ 834-8175 ☎ Judy1@aol.com

Organization: _____

Summer Camp Program Budget Form (Please fill in as applicable to your organization)

Expenses		Rounded to the dollar (\$)			
<i>Budget Category</i>		<i>This request</i>	<i>Other Funds</i>	<i>In-kind</i>	<i>Total</i>
1 Personnel					
Program Administrator					
Camp Director					
Support Staff					
Senior counselors					
Junior counselors/ youth workers					
Volunteers					
Maintenance Staff					
Specialists (art, music, reading, etc.)					
Extended Hours					
Staff training					
Other (specify)					
	Subtotal				
2 Trips					
Transportation					
Tolls					
Admissions					
Other (specify)					
	Subtotal				
3 Supplies					
Program Supplies					
Equipment					
Snacks					
Breakfast & Lunch Food					
Office Supplies					
Advertising (brochures, posters, etc.)					
Postage					
Maintenance Supplies					
Other (Specify)					
	Subtotal				
4 Health					
Exams					
	Subtotal				
5 Space Costs					
Site Rental					
Camp site					
Other (e.g., swimming pool)					
Telephone					
Insurance					
Other (specify)					
	Subtotal				

Organization: _____

Total Expenses				
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Revenue	Amount (\$)	
	<i>Cash</i>	<i>In-Kind</i>
This request		
Other Foundations		
Corporations/ Businesses		
School District of Philadelphia		
Government		
Tuition/Fees		
Individuals		
Special events		
Other (specify)		
Subtotal		
In-kind contributions		
Total Revenue		

Total Expenses		
(from 1st page)		
Balance		

(Revenue minus expenses)

Signature of Executive Director or Summer Program Director

Date