PO Box 715, New Paltz, NY 12561 • 845.255.0919
www.mohonkpreserve.org

Mohonk Preserve Summer Camps Scholarship Application 2026

The Mohonk Preserve is committed to serving families regardless of their economic status. Please be assured that all information is kept confidential.
We apologize that we cannot consider applications that are incomplete.

Please Note: *All fields are required.*

Print to fill out. Thank you.

Parent/Guardian Information

Parent/Guardian #1
_____

E-mail _____Contact Phone _____

Relationship to Camper _____

Parent/Guardian #2
_____

E-mail _____Contact Phone _____

Relationship to Camper _____

Camper Information

Camper's Name _____ T-shirt Size _____

Gender identity (if known): M F Non-binary (please circle) Age _____ Date of Birth: _____

Address
_____

City/State/Zip
_____

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Program/Session Preference

You are required to indicate a camp program/session. Please check off the session that will work for you and your child(ren). See website for camp descriptions to choose the best program for your camper(s). *Scholarships are awarded for one camp session per camper.*

Camp Peregrine (ages 7-10): Monday through Thursday, 9am-3pm, Friday 9am-12pm

_____ Mohonk Grows July 6-10
_____ Creatures of Mohonk July 20-24
_____ Advanced: Rambles, Scrambles & More August 10-14

Mountainside Adventures (ages 10-13): Monday through Thursday, 9am-3pm, Friday 9am-12pm

_____ Mohonk Stewards Session I: July 13-17
_____ Advanced: Scrambling Trailblazers August 3-7

Scholarship Applications must be received by *Wednesday, January 14th* and MUST INCLUDE the following:

1. A copy of your 2024 federal tax return– please note that returns will be used to assess financial need;

2. *Contact information (phone numbers and emails) of who will receive all pertinent camp information including confirmation emails, health form reminders, and daily camp emails with drop off and pick up location information. See page 3 of this application.*

3. *Emergency Contact information. See page 3 of this application.*

Additionally, you are welcome to write a brief description of your financial situation and why you are applying for a scholarship.

Please return to:
Summer Camp Scholarship Program
Attn: Community Education Coordinator
Mohonk Preserve
P.O. Box 715
New Paltz, NY 12561
lborer@mohonkpreserve.org

Thank You.

Contact Information

Please list all persons who will receive camp information prior to and during the camp session. This information will include reminders for sending in camp related forms prior to camp and daily emails about camp locations during the session your camper(s) is/are registered for.

Primary Contact *(this person will receive all reminders about camp related forms as well as daily camp emails from the lead educator):*

Name _____

Email _____

Secondary Contact *(this person will only receive the daily emails from the lead educator regarding camp locations during the camp session):*

Name _____

Email _____

Additional Contact *(this person will only receive the daily emails from the lead educator regarding camp locations during the camp session):*

Name _____

Email _____

Emergency Contact Information

Emergency Contact #1:

Name _____

Phone number _____

Emergency Contact #2:

Name _____

Phone number _____