



Assured Life Association  
SUMMER CAMP GRANT  
APPLICATION

Deadline May 15, 2019

**PLEASE NOTE ELIGIBILITY QUALIFICATIONS:**

- ◆ Applicants must have a membership connection – members, children or grandchildren of members – or sponsored through a Chapter.
- ◆ A copy of the camp brochure must accompany your application (including camp address, phone number and cost), and said camp must be a true camping experience.
- ◆ Travel expenses are not to be included in camp cost.

*Mail to:* Jerry Christensen  
Vice President of Fraternal Affairs  
PO Box 3169  
Englewood, CO 80155

Name of sponsored individual: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Number City State Zip

Home Work E-mail

Camp Name: \_\_\_\_\_ Camp Sponsor: \_\_\_\_\_

(i.e. Boy/Girl Scouts, Church, YMCA, Language)

Camp Begin Date: \_\_\_\_\_ Camp End Date: \_\_\_\_\_

Cost (not to include transportation): \_\_\_\_\_ Member Certificate number: \_\_\_\_\_

Chapter number: \_\_\_\_\_ Certificate Holder's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I am the parent or guardian of the minor child who is applying for an Assured Life Association Camp Grant and agree that Assured Life Association will not be held responsible for any accident or other occurrence en route to or from the camp or while in attendance if this grant is awarded.

\_\_\_\_\_  
Parent or Guardian's signature

Applications Must be  
Received by May 15, 2019

**ASSURED LIFE**  
ASSOCIATION

PO Box 3169

Englewood, CO 80155

800-777-9777 or 303-792-9777

[www.assuredlife.org](http://www.assuredlife.org)

[fraternal@assuredlife.org](mailto:fraternal@assuredlife.org)