



CAMPERSHIP APPLICATION AND CRITERIA

Camper's Name: Last _____ First _____ Middle Initial _____

Male Female _____ / _____ / _____ Attended Camp Before? Yes No Year(s) _____
Date of Birth Age at Camp

Parent/Guardian: Last _____ First _____ Middle Initial _____ Relationship to Camper _____

Address: Street Number _____ Apt. Number _____

City _____ State _____ Zip Code _____ Home Phone (____) _____

How much of the registration fee can you afford to pay? _____ Work Phone (____) _____

Has this child received a previous Campership? Yes No _____
Year(s) Campership Received

Are you currently receiving medical assistance? Yes No
 If yes, what kind? _____ Case Number _____

Social worker's name _____ Telephone (____) _____

Are you currently receiving any other form of public assistance (food stamps, etc.)? Yes No
 If yes, what kind? _____ Case Number _____

Social worker's name _____ Telephone (____) _____

Do not complete the following four questions if you receive medical assistance or public assistance:

1. What is the total monthly income for the family (include wages and other income sources)? _____
2. What are the total monthly expenses for the family (include housing, food, daycare, loans, etc)? _____
3. What is the average spent each month on medical expenses? _____
4. How many total family members do you support? _____

BASIC CAMPERSHIP CRITERIA

- Camperships must be complete and received by the registration deadline.
- Please send 2010 or 2011 IRS tax form 1040/1040 EZ or verification of reduced school meal program if you wish to be considered for financial assistance.
- Both financial need and severity of asthma will be used to determine eligibility and amount of support. In order to support the maximum number of campers, partial scholarships may be awarded.
- First and second year requests will be given priority.

Parent/Guardian's Signature _____

Date _____ / _____ / _____