



**2016 CAMP NOT-A-WHEEZE CAMBERSHIP APPLICATION (FINANCIAL AID)**

*All information is confidential*

*PLEASE contact Stacey Mortenson at 602-258-7505 with any questions*

Child's Name \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number of Family Members in household currently \_\_\_\_\_

Gross Monthly Household Earned Income: \$ \_\_\_\_\_

Are you currently receiving child support? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Amount \$ \_\_\_\_\_

Are you currently receiving alimony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Amount \$ \_\_\_\_\_

Total Family Monthly Income (Gross)  
(including all of the above) \$ \_\_\_\_\_

Total Monthly Household Unearned Income  
(Foodstamps, disability, housing assistance, etc.) \$ \_\_\_\_\_

Total Average Monthly Expenses  
(including rent, utilities, food, etc) \$ \_\_\_\_\_

Average Monthly Medical Expenses \$ \_\_\_\_\_

Please explain any extenuating circumstances:

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is correct and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please Attach Your Two Most Recent Paystubs to This Application!***

## **CAMPERSHIP APPLICATION INSTRUCTIONS**

*Camperships(financial assistance) for children who meet the medical criteria and are accepted to Camp Not-A-Wheeze are available based on the financial needs of the family. Full and partial campership amounts will be awarded based on the financial needs of each family individually. The system of determining need is based on standards income standards and family medical expenses. It is not the intent of the **American Lung Association in Arizona** to turn away any child from camp due to their financial situation, but rather to allocate our limited resources so that as many requests as possible can be met. Every effort is made to see that all eligible children attend camp.*

- Step 1**            Complete the attached Campership Application form.
- Step 2**            **Attach copies of Your Two Most Recent Paystubs to Application (Must be included for Application to be processed)**
- Step 3**            Return the Campership Application form to the **American Lung Association in Arizona (ALAA)** along with your **2016 Camp Not-A-Wheeze Application and your \$50 deposit by April 3, 2016.** *(Applicants will be notified of campership awards with a letter of acceptance to camp.)*

Return completed forms to:

**American Lung Association of Arizona  
Camp Director  
102 W McDowell Road  
Phoenix, AZ 85003**