



CAMPERSHIP APPLICATION AND CRITERIA



Complete only if you are requesting a Campership for your child. To be eligible for a camp scholarship, this form must be complete and received with your completed camp registration forms. Please include a letter describing your situation and need for the campership. First priority will go to children who have never received a campership. Please print clearly.

Camper 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 _____
Street Address _____ 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 completed and received by the registration deadline.
- 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 in the amount of \$25 - \$150 will more likely be awarded.
- First year requests will be given priority.
- A family should be no more than 200% of the 2014 Federal Poverty Level without good reasoning for applying for a campership. See table on the next page.
- **Attend an asthma education session prior to camp.** Date to be determined, but likely to be sometime the last week of June. If you are unable to attend, you should schedule a meeting with Jamie Riccobono (801) 931-6041, jriccobono@lungs.org

Parent/Guardian's Signature _____ Date _____ / _____ / _____



2014 Federal Poverty Level

The benefit levels of many low-income assistance programs are based on these poverty guidelines. Find your family size and monthly or yearly income below to determine your FPL percentage category.

Note: Pregnant women count as two people for the purpose of this chart.

48 Contiguous States and the District of Columbia

% Gross Yearly Income										
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$2,918	\$5,835	\$8,753	\$9,453	\$11,670	\$15,521	\$20,423	\$23,340	\$29,175	\$35,010
2	\$3,933	\$7,865	\$11,798	\$12,741	\$15,730	\$20,921	\$27,528	\$31,460	\$39,325	\$47,190
3	\$4,948	\$9,895	\$14,843	\$16,030	\$19,790	\$26,321	\$34,633	\$39,580	\$49,475	\$59,370
4	\$5,963	\$11,925	\$17,888	\$19,319	\$23,850	\$31,721	\$41,738	\$47,700	\$59,625	\$71,550
5	\$6,978	\$13,955	\$20,933	\$22,607	\$27,910	\$37,120	\$48,843	\$55,820	\$69,775	\$83,730
6	\$7,993	\$15,985	\$23,978	\$25,896	\$31,970	\$42,520	\$55,948	\$63,940	\$79,925	\$95,910
7	\$9,008	\$18,015	\$27,023	\$29,184	\$36,030	\$47,920	\$63,053	\$72,060	\$90,075	\$108,090
8	\$10,023	\$20,045	\$30,068	\$32,473	\$40,090	\$53,320	\$70,158	\$80,180	\$100,225	\$120,270

% Gross Monthly Income										
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$243	\$486	\$729	\$788	\$973	\$1,293	\$1,702	\$1,945	\$2,431	\$2,918
2	\$328	\$655	\$983	\$1,062	\$1,311	\$1,743	\$2,294	\$2,622	\$3,277	\$3,933
3	\$412	\$825	\$1,237	\$1,336	\$1,649	\$2,193	\$2,886	\$3,298	\$4,123	\$4,948
4	\$497	\$994	\$1,491	\$1,610	\$1,988	\$2,643	\$3,478	\$3,975	\$4,969	\$5,963
5	\$581	\$1,163	\$1,744	\$1,884	\$2,326	\$3,093	\$4,070	\$4,652	\$5,815	\$6,978
6	\$666	\$1,332	\$1,998	\$2,158	\$2,664	\$3,543	\$4,662	\$5,328	\$6,660	\$7,993
7	\$751	\$1,501	\$2,252	\$2,432	\$3,003	\$3,993	\$5,254	\$6,005	\$7,506	\$9,008
8	\$835	\$1,670	\$2,506	\$2,706	\$3,341	\$4,443	\$5,846	\$6,682	\$8,352	\$10,023

Source: http://coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf