

2009 Campership Application



DEADLINE: May 29, 2009

1. Fill out this form completely and sign.
2. Enclose the following Reservation Fee/Deposit:
 - \$35 for one camper
 - \$50 for two or more campers
 Deposit **will** be returned:
 - a. If the camper withdraws registration prior to May 29, 2009
 - b. If the camper attends camp, the deposit will be returned at the end of the week of camp.
 Deposit **will NOT** be returned if camper does not withdraw prior to deadline and does not show at camp.
3. You will receive a confirmation letter indicating the amount of assistance that will be provided.
4. All information provided will remain confidential.
5. Financial assistance is determined on a case-by-case basis.

CAMPERSHIP ELIGIBILITY: Please provide a copy of your child's eligibility for free or reduced lunch or a 1040 tax form.

- Eligible for free lunch = Full asthma campership
- Eligible for reduced lunch = Family responsible for \$100(\$35 deposit and \$65 fee); remaining \$205 provided by campership
- Other eligibility will be considered based on income (verified via 1040 tax form and number of dependents in household) = Family responsible for \$150 (\$35 deposit and \$115 fee); remaining \$155 provided by campership

Please print. Remember, incomplete forms will not be processed.

CAMPERSHIP REQUEST – To be completed by parent/guardian

Camper's Name:	Previous Camper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:			
City:	State:	Zip:	
County:	Daytime Phone: ()		
Mother/Guardian's Name:			
Father/Guardian's Name:			
Choose One :	<input type="checkbox"/> Full Campership	<input type="checkbox"/> Partial Campership*	
*If you are requesting a partial campership, how much are you able to assist financially in your child attending camp: \$			

FAMILY FINANCIAL INFORMATION

Please provide a copy of your child's eligibility for free or reduced lunch or a 1040 tax form.

Total Monthly Income: \$	
Financial assistance: Child Support, Workmen's Comp, Unemployment, Badgercare, Title 19, GAMP, etc.	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate assistance received and amount below.	
1.	\$
2.	\$
3.	\$
Monthly Expenses: (rent, utilities, medications, etc.)	
	\$
	\$
	\$
	\$

Please provide a copy of your child's eligibility for free or reduced lunch or a 1040 tax form.

Please attach or add on back of page any additional information you would like to share.

Parent/Guardian Signature _____ Date _____