

# **Pacific Camps Campership Program**

Campership Applications are available to those seeking financial assistance for their children but cannot afford the total costs involved.

Eligibility Criteria:

## 1. Minimum Requirements

A. Income eligibility is based on family size and the amount of current adjusted monthly income (including child support and alimony). When the number of family members and the amount of family income have been determined, eligibility may be established.

*\*\*\*Recent paycheck stubs and a copy of a recent federal tax return will be required to verify income.*

B. All capable adults in the household must be working or attending school during program hours.

C. Families must be recertified at least once every 3 months or at the discretion of the Camp Director. Applicants are responsible to notify Camp of any changes in household status, income, etc. during the year.

## 2. Applicant must also meet one of the following criteria:

A. Currently employed.

B. Participants are in vocational training leading directly to a recognized trade, paraprofessional, or professional position. *\*\*\*Proof of school enrollment will be required.*

C. Incapacity including a medical or psychiatric incapacity to the extent that the applicant's ability to provide normal care for the child or dependant is significantly limited – verified by a professional who is legally qualified to make such a determination.

### **How to Apply:**

If you meet the minimum requirements, fill out the attached application and include a copy of your most recent paycheck stub and federal income tax return. Either mail all paper work to Camp or return it to the front desk. Please include any other documentation that may help in processing your application.

### **Selection Process:**

Applicants will be required to interview with a Campership Counselor. Upon completion of the interview, applications will be screened for eligibility by the Camp Director and the Campership Counselor. Applicants will be notified of the decision by mail within three to four weeks of receipt of a completed application. All applicants who are accepted for a Campership will be asked to sign and return a Campership Agreement before aid can be received.

### **Limitations:**

Some program activities have space limitations and others have limited financial assistance support due to the direct cost of providing the program. Financial assistance will be granted only to the extent which funds are available.

### **Funding:**

Any person applying for a Campership may be asked to earn or pay a percentage of the program fees. Camp believes a strong sense of ownership is developed and a more positive experience realized if the financial assistance recipient has helped earn or assisted in the payment of the program fees.

## **Campership Check List**

- \_\_\_ Completed Camp Application
- \_\_\_ Completed Campership Application
- \_\_\_ A copy of a current paycheck stub (*most recent month's copy*)
- \_\_\_ A copy of most recent Federal Income Tax return.
- \_\_\_ Proof of tech. School or college enrollment (*if unemployed or receiving AFDC*)
- \_\_\_ Proof of AFDC. Food stamps, social security, medical aid.

# Campership Application

## Applicant's Information:

Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Total number of person's in the household: \_\_\_\_\_

The amount that the program costs that you are applying for is \$ \_\_\_\_\_ PER CHILD

The amount that you are able to pay each week is \$ \_\_\_\_\_ PER CHILD

***THESE TWO QUESTIONS MUST BE FILLED OUT BEFORE A REVIEW IS SCHEDULED***

## Camper Information:

1. Camper's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program (*circle*): Summer Before School After School AM Kindergarten PM Kindergarten

2. Camper's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program (*circle*): Summer Before School After School AM Kindergarten PM Kindergarten

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## Determination (office use only):

Program Fee: \_\_\_\_\_

Adjusted Fee: \_\_\_\_\_

Adjusted Campership Fee: \_\_\_\_\_ Effective Date for Campership: \_\_\_\_\_

Comments:

# Household Income

## Monthly Income:

1. Current gross monthly salary or wages.....\$ \_\_\_\_\_
2. Current gross monthly other income.....\$ \_\_\_\_\_
3. AFDC, Welfare, Spousal support from this.....\$ \_\_\_\_\_  
marriage and child support from other  
relationships received each month.  
*\*\*\* If not receiving child support please indicate below  
what steps you have taken to start support payments.*
4. Total household monthly income (add lines 1-3).....\$ \_\_\_\_\_

## Monthly Household Expenses:

1. Housing.....\$ \_\_\_\_\_
  2. Auto/Transportation.....\$ \_\_\_\_\_
  3. Utilities.....\$ \_\_\_\_\_
  4. Food.....\$ \_\_\_\_\_
  5. Credit Cards/Loans.....\$ \_\_\_\_\_
  6. Medical/Dental.....\$ \_\_\_\_\_
  7. Insurance.....\$ \_\_\_\_\_
  8. Private School Tuition.....\$ \_\_\_\_\_
  9. Entertainment.....\$ \_\_\_\_\_
  10. Childcare (other than Camp).....\$ \_\_\_\_\_
- a) Total Monthly Expenses (add lines 1-10).....\$ \_\_\_\_\_
- b) Total Monthly Income (refer to line 4).....\$ \_\_\_\_\_
- Adjusted Income/Expenses (subtract a & b)....\$ \_\_\_\_\_**

# Campership Agreement

The purpose of the Campership program is to provide temporary assistance and compassionate support to potential Campers and their families. It is our goal to carry out the mission of Camp.

The Campership program is available to those families who meet the eligibility criteria mentioned in this information packet.

I understand terms of my Campership are as follows:

1. Financial assistance is based on the availability of funds, availability of space within the sites or programs and the number of other families seeking financial assistance.
2. Camp reserves the right to reduce or eliminate assistance based on the availability of resources or space within the program.
3. Camp may provide recipients with 30 days notice of decisions to reduce or eliminate aid, and or relocate to another site.
4. Camp reserves the right to recover the cost of aid provided if any information is received which verifies recipient had the ability to pay or falsified any statements or documents, or failed or notified Camp in the event of any change in financial status.
5. Financial assistance recipients must adhere to the policies of Camp such as those included in the membership application and the parent handbook, as well as those posted at the program facilities.
6. Once the recipient has left the program, they must re-apply for financial assistance.
7. I understand that my fees will be \_\_\_\_\_, which is effective \_\_\_\_\_.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Name \_\_\_\_\_