

Campership Application

Please complete this form and submit it with all other application materials. Camp Winnebago offers camperships based on federal poverty guidelines. The camp fee for 2012 is \$900 a week. **All campers are required to pay a minimum of \$600.** Camperships of up to \$300 per camper are available for those families whose income is at or less than 125% of the 2011 federal poverty guidelines (listed below). Camperships of up to \$150 per camper are available for those families whose income is between 125% and 175% of the 2011 poverty guidelines (listed below).

Persons in Family Or Household	2011 US HHS Poverty Guidelines	125% of Guidelines*	125-175% of Guidelines**
1	\$10,890	\$13,613	\$13,613-\$19,058
2	\$14,710	\$18,388	\$18,388-\$25,743
3	\$18,530	\$23,163	\$23,163-\$32,428
4	\$22,350	\$27,938	\$27,938-\$39,113
5	\$26,170	\$32,713	\$32,713-\$45,798
6	\$29,990	\$37,488	\$37,488-\$52,483
7	\$33,810	\$42,263	\$42,263-\$59,168
8	\$37,630	\$47,038	\$47,038-\$65,853

*Qualifies for up to a \$300 Campership
 **Qualifies for up to a \$150 Campership

Camperships are limited to one week per year per person. If you qualify for a campership, please complete the information below. This section applies to the person responsible for payment of camp fees. If the camper is claimed as a dependent by the person responsible for payment, ALL household income must be included or you will not be considered for a campership.

A. Responsible for Payment: Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Camper Parent Guardian Other _____

B. Place of Employment _____ **Position** _____

C. Dependents - Please list ALL individuals who are dependents of the responsible party.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

D. Monthly Household Income - Please enter TOTAL household income for the responsible party.

1. Salaries and Wages \$ _____
 2. Other Income (disability, social security, retirement, unemployment, etc.) \$ _____
 3. Camper Income** (employment, SSI, SSDI, etc.) \$ _____
- Total Gross Monthly Family Income \$ _____**

Camper income **MUST be entered whether they are a dependent of the responsible party or not.

E. Adjusted Gross Household Income \$ _____
 Recorded in 2010/2011 Federal Income Taxes*

*Copy of 2010/2011 federal income tax filing **MUST** be included. If income taxes were not filed, please include a copy of your W-2 and/or a 2010/2011 Social Security benefit statement, or **two** most recent pay stubs.

Authorization

I certify that the statements and information made in this application are true and correct to the best of my knowledge.

Completed By: Camper Parent Guardian Other _____

Signature _____ Date _____

FOR OFFICE USE ONLY:

Client Name: _____ Total Campership Awarded: \$ _____ Date Approved: _____