

Scholarship Grant Application

It is Camp Winnebago's goal to welcome and include all campers regardless of the ability to pay the entire camp fee. Camp Winnebago offers scholarships based on federal poverty guidelines. The camp fee for 2010 is \$850 a week. **All campers are required to pay a minimum of \$400.** Scholarships of up to \$450 per camper are available for those families whose income is at or less than 125% of the 2009 federal poverty guidelines (listed below). Scholarships of up to \$250 per camper are available for those families who income is between 125% and 175% of the 2009 poverty guidelines (listed below).

Consideration for financial assistance for those who do not qualify for a scholarship but cannot afford the entire camp fee due to special circumstances may contact the Camp Winnebago Executive Director at 507-724-2351.

Persons in Family Or Household	2009 US HHS Poverty Guidelines	125% of Guidelines*	125-175% of Guidelines**
1	\$10,830	\$13,538	\$13,538-\$18,953
2	\$14,570	\$18,213	\$18,213-\$25,498
3	\$18,310	\$22,888	\$22,888-\$32,043
4	\$22,050	\$27,563	\$27,563-\$38,588
5	\$25,790	\$32,238	\$32,238-\$45,133
6	\$29,530	\$36,913	\$36,913-\$51,678
7	\$33,270	\$41,588	\$41,588-\$58,223
8	\$37,010	\$46,263	\$46,263-\$64,768

*Qualifies for up to a \$450 Scholarship

**Qualifies for up to a \$250 Scholarship

Scholarships are limited to one week per year per person. If you qualify for a scholarship, please complete the information below and return it with your payment and completed application.

Your Name: _____ Spouse (if applicable): _____

Camper's Name: _____

Adjusted Gross Income(s) -- \$_____ (from Line 37-IRS 1040 Form OR Line 21-IRS 1040a Form
OR Line 4-IRS 1040 EZ Form)

Spouses Adjusted Gross Income -- \$_____ (if separate returns are filed)

Total Scholarship Dollar Amount Requested: \$_____

I/We verify the above information is true and accurate. If requested by Camp Winnebago, I/We agree to provide verification of income.

Signature of parent/guardian

Signature of parent/guardian

FOR OFFICE USE ONLY:

Client Name: _____

Record #: _____

Total Scholarship Awarded: \$_____

Date Approved: _____