



CAMPERSHIP APPLICATION

Please note that camperships are awarded on a case by case basis as campership funds are available. Applications must be complete for consideration. Proof of income is required to be attached to the application

Camper Name: _____ Age: _____

Camper Address: _____

Street _____ Apt # _____ City _____ State _____ Zip _____

Camper Resides: Home with Parents Independently Group Home Other: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian Name: _____ Marital Status: _____

Place of Employment: _____ Business Phone: (____) _____

Name of Spouse: _____

Place of Employment: _____ Business Phone: (____) _____

Please List Children and other Dependents Living at Home:

Name: _____ Relationship to Camper: _____ Age: _____

Please use the space provided below to list any extraordinary expenses, medical problems, therapies, equipment purchases, children in college, etc. which place a burden on your ability to pay the camp fee.

Income & Expenses

Please list the current household income source and amount of income before deductions such as taxes and social security. If you have more than one check from any of the following please combine to indicate your total amount

Yearly Household Income

| Income Source | Amount |
|-----------------------------------|--------|
| Wages/Salary | |
| Social Security | |
| Public Assistance | |
| Unemployment Compensation | |
| Child Support | |
| Pension or Retirement | |
| Camper Social Security Payment | |
| Other | |
| Total income for the year: | |

Yearly Household Expenses

| Income Source | Amount |
|-------------------------------------|--------|
| Rent/Mortgage | |
| Medical Expenses | |
| Utilities | |
| Insurance | |
| Car Payments | |
| Total expenses for the year: | |

Ranch Camp strives to assist as many campers as possible to experience camp regardless of financial challenges. Our campership dollars can spread further when families contributing what they can to the total cost of camp, allowing us to award a partial campership. Please list the amount below you are able to pay towards the total cost of camp.

Total amount you will pay: \$ _____ Total campership amount requested: \$ _____

*****Please note these amounts should equal the total camp fee amount*****

Signature of Parent/Guardian: _____ Date: _____

Proof of Income

You must attach proof of income to the application.

Acceptable proof of income may include:

- W2
- SSI Award Letter
- Tax Return
- Bank Account Statement showing SSI monthly deposits (please black out account numbers)
- 3 Consecutive Pay Check Stubs

All campership applications will be kept confidential and reviewed internally by the campership committee. The campership committee reviews applications and makes decisions for camperships based on need and availability of funds.