

# Campership Financial Assistance Application

## Summer 2010



mail to: Camp Beech Cliff, PO Box 381, Mount Desert, ME 04660  
 phone: 207-244-0365 fax: 207-244-3355  
 www.campbeechcliff.org



**Campers must be year-round residents of Hancock County.**  
**You must demonstrate family financial need.**  
**All applications are handled confidentially.**

### Parent(s) or Guardian(s) at Camper's Permanent Address

Parent/Guardian 1 \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Ok to email financial information?  Yes  No

Parent/Guardian 2 \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Ok to email financial information?  Yes  No

### Parent(s) or Guardian(s) at Different Address Responsible for Childcare Payment

Full Name(s) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Ok to email financial information?  Yes  No  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Financial Data and Family Circumstances

1. At school, does your child receive free lunch?  Yes  No; reduced lunch?  Yes  No  
 Does your household receive food stamps?  Yes  No; TANF?  Yes  No

2. **IMPORTANT** - You must make a strong case for needing assistance (campership funds are limited). Please tell us about any unusual family or personal circumstances you think will be helpful for us in making a decision regarding your request. Please write on and attach a separate sheet of paper.

### 3. **MUST BE COMPLETED** - *Please Include ALL Household Members' Monthly Income*

**Parents/Guardians at camper's permanent address:**

Gross Wages \$ \_\_\_\_\_ Pensions \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_ AFDC, Alimony \$ \_\_\_\_\_  
 Workman's Comp \$ \_\_\_\_\_ Public Assistance \$ \_\_\_\_\_

**Total Monthly Household Income \$ \_\_\_\_\_**

**Parents/Guardians at different address:**

Gross Wages \$ \_\_\_\_\_ Pensions \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_ AFDC, Alimony \$ \_\_\_\_\_  
 Workman's Comp \$ \_\_\_\_\_ Public Assistance \$ \_\_\_\_\_

**Total Monthly Household Income \$ \_\_\_\_\_**

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**Campers' Names and Financial Assistance Needed**

Name \_\_\_\_\_ # of Weeks Attending Camp Beech Cliff \_\_\_\_\_ (a)  
 Name \_\_\_\_\_ # of Weeks Attending Camp Beech Cliff \_\_\_\_\_ (b)  
 Name \_\_\_\_\_ # of Weeks Attending Camp Beech Cliff \_\_\_\_\_ (c)  
 Name \_\_\_\_\_ # of Weeks Attending Camp Beech Cliff \_\_\_\_\_ (d)

Total Camper Weeks: \_\_\_\_\_ (a + b + c + d)

2010 tuition is \$180 per week for summer day campers and \$360 per 2-week session for Counselors-in-Training (CITs). Unfortunately, camp cannot cover the expense of an overnight.

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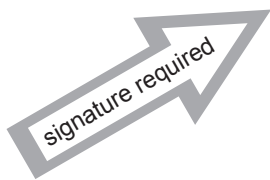
WEEKLY AMOUNT YOU CAN PAY PER CHILD: \$ \_\_\_\_\_

**REQUIRED: Please send a copy of your complete 2009 tax return, including all schedules. Your application can not be processed without this information.**

I certify that all of the above information is true and correct, and that all income is reported.

Parent/Guardian Responsible for Payment: Name (please PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Mail as soon as possible to: Camp Beech Cliff, PO Box 381, Mt. Desert, ME 04660

NOTE: Most camperships will be awarded by May 28, 2010.

**FOR CAMP BEECH CLIFF OFFICE USE ONLY**

TOTAL CAMP FEES: \$ \_\_\_\_\_  
 TOTAL OVERNIGHT FEES: \$ \_\_\_\_\_  
 TOTAL PROGRAM COST: \$ \_\_\_\_\_  
 PARENT'S TOTAL CONTRIBUTION: \$ \_\_\_\_\_  
 TOTAL CAMBERSHIP AMOUNT APPROVED: \$ \_\_\_\_\_

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<u>Parent Weekly Cost Per Child</u>	<u>Weekly Campership Per Child</u>
1st child \$ _____	1st child \$ _____
Add'l child \$ _____	Add'l child \$ _____