



Campership Application 2018-2019

Please print in ink.

Each year Camp Fish Tales receives grants and donations that allow camperships to be awarded to those who may need financial assistance to attend camp. Camper scholarships are limited and should be a last resort of funding after you have exhausted other resources (visit www.campfishtailes.org/resources.htm for ideas). To be eligible, you must be confirmed for the sessions you are requesting assistance with and return a completed application with the requested documentation by the cycle deadline.

If you are CMH eligible, you must apply to your local CMH first and be denied funds or be using those funds towards a different date. If applying for the difference in funds, please state that below. Any denial letter or notification must be submitted with this application.

Applications received beyond deadlines for each application cycle will be accepted; however, the opportunity of receiving funds will be significantly decreased. The information provided in this document is for the campership application process only and is strictly confidential.

<u>Application Cycle Dates</u>	<u>Application Deadline</u>
January – May Respites	14 days prior
Summer	May 1st
Fall – Winter Respites	August 1st

Camper name: _____ DOB: _____ County: _____

Session(s) applying for assistance:

I have already applied within this calendar year in a different cycle. You have my requested attachments. All other information is the same. If this statement is true, please mark the box and proceed to signature at end of the application.



Where does the camper reside?

- Lives independently
- Adult foster care home
- Parents/guardians

Are you attending a different summer camp, not CFT, as well? YES NO

Have you independently requested financial assistance from other sources?

~visit www.campfishtales.org/resources.htm for ideas~

- Community/humanitarian/service organizations
- Churches/religious organizations
- Disability funding organizations
- Extended family/friends
- Other: _____

Have you applied for a campership from Camp Fish Tales before? YES NO

Do you have any extraordinary circumstances that we should take into consideration?
Please explain below if you have marked any boxes.

- Sudden change in circumstances
- Unusual medical expenses
- Unemployment
- Other: _____

Explanation:

Household Gross Income: _____



of adults _____ # of dependents _____ relying on above income.

Total Cost of camp session(s): _____

- Amount I can pay: _____

- Amount from other funding sources: _____

= Amount requesting: _____

RETURN COMPLETED AND SIGNED APPLICATION

I certify the information provided is complete and accurate to the best of my knowledge. I understand that incomplete applications will not be considered. I also understand that eligibility and criteria for allocation of campership funds is at the sole discretion of Camp Fish Tales.

Print Name	Date	Contact Phone
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Sign Name	Title (if any)	Relationship to Camper
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Total Cost of camp session(s): _____

- Amount I can pay: _____

- Amount from other funding sources: _____

= Amount requesting: _____