

Camp Ho Mita Koda 2010 Campership Application (Financial Assistance)

The Campership Fund exists to provide financial assistance, to families who qualify, for campers to attend an overnight residential camp program at Camp Ho Mita Koda who would otherwise not have the opportunity.

The fee for a 5- day camp session is \$375. The actual cost is \$854.54 per child. The camp fee for a 12-day session is \$750. The actual cost is \$1,709.08 per child. The Diabetes Association of Greater Cleveland, other organizations, and individual donors underwrite this cost difference for each camper. Additional camperships may be awarded based on demonstrated financial need.

2010 Campership Guidelines

1. Register your child for an overnight residence camp session. Camperships will not be processed unless a child is registered for a camp session and the \$25 camp registration fee is paid. (Registration is available online at <http://www.camphomitakoda.org> or call 216-591-0800 to request a paper camp registration form).
2. Complete the Campership Application in its entirety and mail it with a copy of your 2009 W-2 form(s) to Camp Ho Mita Koda, 3601 S. Green Rd. Suite 100, Cleveland, OH 44122. All information in the Campership Application is for the purpose of obtaining campership support or for statistical purposes only and will be kept confidential. You have my permission to verify income or expense information provided.
3. Campership applications must be received by **June 1, 2010**. Applications received after this date will be considered only as funds are available.
4. Camperships are processed within two weeks of receipt. Notification of the campership amount is sent by mail.
5. Camperships are only applied to the camp fee. Camperships are not applied to horseback riding, camp store accounts or camp clothing.
6. 100% Camperships are generally not awarded. It is our belief that some portion, dependent on the ability to pay, should be contributed by the applicant to provide a sense of commitment and responsibility toward helping provide the camp experience for a child.
7. Camp fee balances must be paid in full (regardless of whether they receive campership assistance) at least two weeks prior to the start of the session your child is enrolled in. Payment plans are available but must be established in advance.
8. If awarded financial assistance/campership, I understand that my child must send a thank you letter to the sponsor (information provided upon award).
9. No camper will receive campership support for more than one session per summer. If a camper enrolls in more than one camp session, a campership, if awarded, will be applied the session with the lowest fee.
10. Campership recipients are not eligible for financial assistance in subsequent years if the payment and cancellation policies are not followed.

Signature of Parent/Guardian _____ Date: ____/____/____

If you have any questions about this form, please call the Camp Manager at 216-591-0800, extension 34.

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I. General Information

Name of Camper _____	Date of Birth ____/____/____	
Age _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade completed as of camp _____
Camp Session Registered for _____		
Address of Camper _____		
City _____	State _____	Zip _____ Phone number (____) _____
List names and ages of your additional children with diabetes registered for camp _____		

II. Family Information

Child lives with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other _____	<small>Please specify</small>
Number of children under age 18 (including camper) living in the home _____	
Number adults living in the home _____	
Name of First Parent/Guardian with whom camper lives _____	Relation to camper _____
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation _____	Employer Name _____
Employer Address _____	
City _____	State _____ Zip _____
Employer Phone (____) _____	
Name of Second Parent/Guardian with whom camper lives _____	Relation to camper _____
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation _____	Employer Name _____
Employer Address _____	
City _____	State _____ Zip _____
Employer Phone (____) _____	

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II. Reason for Financial Assistance/Campership

Briefly explain your request for Campership assistance: _____

III. Financial Information: Supporting documents to verify income (2009 W-2) must be attached to this application.

Total Annual Household Income:

Annual gross income from father/guardian's employment (before taxes) \$ _____

Annual gross income from mother/guardian's employment (before taxes) \$ _____

Alimony/Child Support received (yearly) \$ _____

Total Annual Income from Property, Investments \$ _____

Check other sources of income below. Indicate total annual income from these sources.

- AFDC \$ _____
- SSI \$ _____
- Social Security \$ _____
- Unemployment \$ _____
- Pension \$ _____
- Family \$ _____
- Other (describe) _____ \$ _____

TOTAL GROSS ANNUAL INCOME \$ _____