

CAMP FIRE SAMISH & CAMP KIRBY CAMPSHIP APPLICATION 2022

Office Use Only

Rec'd _____

Notified _____

Campership eligibility is dependent upon current financial need and extenuating family circumstances. Applications are kept in strict confidence. Camperships are dependent upon available funds. No full camperships will be awarded.

Please fill out a separate application for each child.

Camper Name	Age	Grade in Fall	Session # & Name (ex: Session 1 Beachcomber)
Address			Phone Number
Parent Name		Email Address	

- I have registered my child online and paid the \$100 deposit. I understand the \$100 deposit WILL BE refunded if no campership is awarded and the child does not attend camp. Yes
- I am applying for camperships for more than one camper: Yes No
- For which program(s) are you applying for financial aid? Day Camp Resident Camp
- Amount of financial aid you are requesting: 25% 50% Other _____
- List your total current household monthly income from all sources: _____
- Which of these sources do you receive income or assistance from? (Check all that apply)
 - Wages/tips/other earnings
 - Child support
 - Government/SSI/Disability income
 - Housing assistance
 - Free/Reduced school lunch
 - SNAP/Basic Food/WIC
 - Other _____
- How many people are in your household? Adults _____ Children _____

Please answer the following questions on the back of this page, or on a separate sheet of paper.

- Please describe your financial hardship.
- If your child has attended Camp Kirby before, please describe what their Camp experience has done for them (ex: changes you have seen in your child, positive outcomes from their time at Camp Kirby, etc).

To fully process your Campership application, supporting documentation is required.

Please check which type of documentation you are providing with this application:

- Current year's tax return form(s) for your household
- Previous year's tax return form(s) for your household
- A statement of benefits from an aid organization
- A statement of eligibility for free or reduced school lunches
- A general letter from a service provider or professional (case worker; social worker etc.) with contact information that clearly states the family's circumstances

I attest that this form is complete, accurate, and provided for the purpose of being considered for financial aid to participate in Camp Fire Samish activities. I give permission for Camp Fire Samish and Camp Kirby to utilize my verbiage (as written in response to questions 8 and/or 9) and to use my child's photograph in promotional materials. Stories and photographs may be used in printed form, in video productions or presentations, and/or posted on social media. I further give my permission for Camp Fire Samish to contact any person or agency listed above, for the purpose of verifying this information.

Parent/Guardian Signature

Date

Send this form and documentation to: MAIL: 1321 King St. Suite #3, Bellingham, WA 98229
FAX: 360-733-5711 **EMAIL:** kathryn@campfiresamish.org **Questions? CALL:** (360)255-7765