



# 2019 Financial Assistance Application

Camp Rivercrest has established a Financial Assistance fund from generous donations by individuals and churches which assists campers who demonstrate financial need. The fund is limited, so please consider your true need so that we can be sure as many children as possible have the opportunity to enjoy a Camp Rivercrest experience.

Information on this application is confidential; it will be read only by those who make the final determinations, and is only used to assess financial aid.

Please allow up to 30 days for us to process your application. Financial assistance is not guaranteed, and funding is limited by our donations to this fund each year.

If after you receive financial assistance approval, you decline to accept the financial assistance; and notify Camp Rivercrest in writing within 7 days of receiving the financial assistance approval; you will receive a full refund of your initial session deposit.

**YOU MUST FILL OUT A SEPARATE FINANCIAL ASSISTANCE APPLICATION FOR EACH CHILD!**

Please submit **ALL** of the following items in order to be considered for financial assistance.

1. Completed Summer Camp online registration (or paper registration form)
2. Session deposit of \$99 for each child. (check or money order only)
3. Completed Financial Assistance Application (this may be completed [on-line](#) if you prefer)

You may print as many of these forms as you need. If you have questions, or need us to mail you additional forms, please phone our office at 402-628-6465 or send an email to [info@camprivercrest.org](mailto:info@camprivercrest.org)

**Section 1: Explanation of need:**

1. Please explain why this child would benefit from a camp experience:

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2. Please explain why financial assistance for this child to attend camp is important to you:

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3. Please explain any extenuating financial or other circumstances that make this assistance especially important: (You may choose to attach a separate letter if needed)

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**Section 2- Information regarding the child who needs assistance:**

Child's first name \_\_\_\_\_ Last name \_\_\_\_\_

- Family status of this child:
- Single parent family
  - Married parents
  - Divorced parents
  - Separated parents
  - Widowed parent

Does this child have siblings that will also be attending camp this year? If so, please list their names:

\_\_\_\_\_

**What camp session would this child like to attend in 2019?**

- Overnighter (1-3<sup>rd</sup> grade) June 13-14 \$155
- Mini Camp 1 (3<sup>rd</sup> -5<sup>th</sup> grade) June 9-12 \$320
- Mini Camp 2 (3<sup>rd</sup> -5<sup>th</sup> grade) June 30-July 3 \$320
- Junior Camp 1 (5<sup>th</sup>-6<sup>th</sup> grade) June 16-21 \$430
- Junior Camp 2 (5<sup>th</sup>-6<sup>th</sup> grade) July 7-12 \$430
- Junior High 1 (7<sup>th</sup>-8<sup>th</sup> grade) June 23-28 \$440
- Junior High 2 (7<sup>th</sup>-8<sup>th</sup> grade) July 14-19 \$440
- Senior High (9<sup>th</sup>-12<sup>th</sup> grade) July 21-26 \$440

**Has this child received financial assistance to attend Camp Rivercrest in the past four years?**

- Yes  No  I am not sure

**Section 3 - Personal Information (about the person who is filling out this form)**

Your name \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone number ( ) \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

Email address \_\_\_\_\_

**What is the relationship between you and the child that needs financial assistance?**

- I am his/her parent
- I am his/her legal guardian
- I am his/her family friend
- I am his/her grandparent
- I am his/her social worker

**Section 4 - Financial Information**

**How much financial assistance are you requesting?** (Range is from \$25 to \$200) \$ \_\_\_\_\_

**How many family members are in the household, including this child?** \_\_\_\_ adults \_\_\_\_ children

**What is the approximate household income of this child's family?** \$ \_\_\_\_\_ annually

**Are one or both parents of this child currently employed?**

- Yes, both are employed
- One parent is employed
- Neither parents are employed
- At least one parent is away on Military deployment

**If either or both parents are unemployed, when was the last time they were employed?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At Camp Rivercrest, it is our desire to be good stewards of the resources God has entrusted to us. Your signature below indicates that this child's family has a true financial hardship that would prevent him/her from attending our Summer Camp program without financial assistance; and that all information on this application is accurate and complete to the best of your knowledge.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature Printed name  
Today's date

**After this application is reviewed, I prefer the results are given to me by:**

Email: my email address is: \_\_\_\_\_

Letter: my address is: \_\_\_\_\_

Phone call: my daytime phone # is (     ) \_\_\_\_\_ - \_\_\_\_\_

Please mail this completed form to: Camp Rivercrest 2840 County Rd 13, Fremont NE 68025  
If you have not yet registered this child for camp [on-line](#), please enclose a check or money order for your deposit, and a completed 2019 Summer Camp Registration Form. Financial Assistance applications cannot be processed until all of these requirements are met.