



Campership Application



Parent/guardian/home manger/rep payee
must fill out form. Please print in ink.

Each year The Fowler Center receives grants and donations that allow camperships to be awarded to those who may need financial assistance to attend camp. Camperships are limited and should be a last resort of funding after you have exhausted other resources (visit www.thefowlercenter.org/resources.htm for ideas). In order 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. 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	December 1 st
Barefoot/Summer	March 1 st
Fall Camp – Winter Camp	July 1 st

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 TFC, as well? YES NO

Have you independently requested financial assistance from other sources?

~visit www.thefowlercenter.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 The Fowler Center 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 (Documentation Needed)
- Unemployment (Documentation Needed)
- 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: _ *Mandatory

**RETURN COMPLETED AND SIGNED APPLICATION WITH
MOST RECENT TAX RETURN OR SSI STATEMENT REFLECTING INCOME.**

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 The Fowler Center.

Print Name

Date

Contact Phone

Sign Name

Title (if any)

Relationship to Camper

