

**CAMPership**



**Application**

Major funding for Camp Horizon is provided through Lions Club donations and fundraising events spearheaded by our volunteers. We work hard to keep fees as low as possible and are committed to offering financial assistance for families in need. The number and dollar amount of *CAMPerships* offered annually is contingent on donations and the number of applications we receive.

*CAMPerships* will be awarded based on financial need and applications are due by March 31st. Incomplete applications or applications not including proof of income will not be considered. Only one *CAMPership* will be awarded per camper per year and campers must reapply every year. Please refer to the chart below that outlines the Income Eligibility Guidelines. Should monthly income fall outside these parameters, please provide as much detail as possible regarding your need for financial assistance. Campers with DDA Respite Care benefits are not eligible for *CAMPerships*. Applications will be reviewed on April 1st and determination letters will be mailed by April 10th.

### Monthly Income Guidelines

HOUSEHOLD SIZE	MONTHLY INCOME BEFORE DEDUCTIONS
1	1245
2	1681
3	2116
4	2552
5	2987
6	3423
7	3858
8	4294
For each additional family member, please add	436

#### Questions?

Please call us at 360-371-0531 or email to [campdirector@lionscamphorizon.org](mailto:campdirector@lionscamphorizon.org)

# CAMPership Application

<b>Camper's Name</b>	<b>Camper's Telephone Number</b>
<b>Camper's Street Address</b>	<b>City, State and Zip Code</b>
<b>Camper's Mailing Address if Different</b>	<b>City, State and Zip Code if Different</b>
<b>Name of person completing this application</b>	<b>Relationship to the camper</b>

**Who does camper currently reside with?** (parent(s), guardian, group home, foster home, independently)

## Monthly Income

	<b>Wages</b>	<b>Subsidies</b> (SSI, SSD, AFDC, Food Stamps, Medical Aid etc.)	<b>Other</b> (Rental, Alimony, Child Support)	<b>Total Monthly Income (Before deductions)</b>
Camper				
Father				
Mother				
Other				

How many in the household are supported by the income shown above? \_\_\_\_\_

Please show your average monthly expenses: \_\_\_\_\_

How much are you able to provide towards the cost of camp? \_\_\_\_\_

Have you applied to another agency or organization for funding to cover a portion of the cost of camp? If so, please provide the name of the agency, the amount applied for and the status of the application:

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Please attach proof of income (paystub, voucher, W-2, SSI, SSD statement etc.) to this application. Please contact us if you have any questions.