MHKC Camperships 2019

This is to serve as the official information concerning Camperships in 2019.

Please follow these guidelines and note the deadline to apply for a Campership.

Campership Eligibility:

- Campers must be registered and accepted to Camp.

- Open only to campers who DO NOT utilize Medicaid or Public Funding to pay for Summer Camp

- Campers must meet the monetary guidelines (outlined on the application).

Steps to apply:

1. Campership applications are available NOW on our website at http://mhkc.org/downloads/CampershipApplication.pdf and can be submitted anytime.

2. Review of Campership applications will begin on March 1, 2019.

3. Applicants with applications submitted by March 1, 2019, will be notified of Campership status by March 10, 2019.

4. Camperships will be awarded to eligible applicants on a first come, first served basis until 2018 Campership Funds are depleted.

If you have any questions, please contact Kathy at kathy@mhkc.org – 971-230-2923.
Policy Statement: Through fundraising efforts and donations, Mt. Hood Kiwanis Camp is committed to supporting a portion of campers’ fees for Camp. Recognizing the importance of providing financial aid to families whose budgets cannot stretch far enough to cover the full amount of camper fees; MHKC continues to offer a campership program.

Guidelines: The review of the campership applications begins March 1st. Incomplete applications, including applications that do not have proof of monthly income will not be considered.

Eligibility: Only one campership award will be granted per eligible camper per year. Campers must apply each year for which they wish to be considered.

Camperships will be awarded based on financial need to campers who do not utilize public funds (e.g. Medicaid). Camper families whose monthly income falls at or below the maximum monthly income guidelines (see chart below) are encouraged to apply. If you do not meet these guidelines but feel you have extenuating circumstances, please provide as much detail as possible regarding the need for financial assistance. Campership amounts may vary from $325 - $450, depending on the family income.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Gross Monthly Income ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2024</td>
</tr>
<tr>
<td>2</td>
<td>2,744</td>
</tr>
<tr>
<td>3</td>
<td>3,464</td>
</tr>
<tr>
<td>4</td>
<td>4,184</td>
</tr>
<tr>
<td>5</td>
<td>4,904</td>
</tr>
<tr>
<td>6</td>
<td>5,578</td>
</tr>
<tr>
<td>7</td>
<td>6,346</td>
</tr>
<tr>
<td>8</td>
<td>7,064</td>
</tr>
<tr>
<td>For each additional family member add</td>
<td>360</td>
</tr>
</tbody>
</table>

Funding and Award process: MHKC will begin notifying campership applicants of their status on March 1st. Camperships will be awarded to eligible applicants on a first received, first granted basis until 2018 campership funds are depleted.

Questions: Please contact Kathy Werschkul at kathy@mhkc.org or 971-230-2923 if you have any questions.
Campership Application

Camper Name (first, last):     Today's Date:

Name of individual filling out application:     Relationship to Camper:

Street Address:     City/State/Zip:

Phone number:     Additional contact information:

Where does the camper currently reside?
(with family, on their own, foster home, group home)

**Monthly Income from All Sources**

<table>
<thead>
<tr>
<th>Earnings (Salary, wages, commissions, etc)</th>
<th>Agency Subsidy (Brokerage, county support, SSI, AFDC, SSD, food stamps, medical aid, foster care payments, etc)</th>
<th>Other (Alimony, child support, rental property, investments, etc)</th>
<th>Gross Monthly Income (before deductions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the applicant resides with their family or guardian and is considered a dependent for tax purposes please list additional income(s) below as well.

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
<th>Legal Guardian</th>
<th>Other adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please list, on average, your monthly household expenditures: $ ________________

List the total number of people in the household living on above income: ________

You must provide monthly income verification (W-2, Paystubs, Voucher, SSI, letter from employer, etc) with this application.

Please describe the circumstances that contribute to the camper’s need for financial support (please use an additional page if needed): 

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Have you applied for financial support to attend Mt. Hood Kiwanis Camp from another agency or community club/organization? If yes, please list the amount, the agency, and status of the request.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signature of Person Completing Form     Printed Name     Date