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 2nd. 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>2082</td>
</tr>
<tr>
<td>2</td>
<td>2,818</td>
</tr>
<tr>
<td>3</td>
<td>3,556</td>
</tr>
<tr>
<td>4</td>
<td>4,290</td>
</tr>
<tr>
<td>5</td>
<td>5,026</td>
</tr>
<tr>
<td>6</td>
<td>5,762</td>
</tr>
<tr>
<td>7</td>
<td>6,558</td>
</tr>
<tr>
<td>8</td>
<td>7,294</td>
</tr>
<tr>
<td>For each additional family member add</td>
<td>368</td>
</tr>
</tbody>
</table>

Funding and Award process: MHKC will begin notifying campership applicants of their status on March 2nd. Camperships will be awarded to eligible applicants on a first received, first granted basis until 2020 campership funds are depleted.

Questions: Please contact Kathy Werschkul at kathy@mhkc.org or 971-230-2923 if you have any questions.
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>
</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 ____________________________