## Mt. Hood Kiwanis Camp Campership Program

**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 4**<sup>th</sup>. 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.

**Maximum Monthly Income Guidelines** 

Household Size	Gross Monthly Income (\$)	
1	2510	
2	3406	
3	4304	
4	5200	
5	6096	
6	6994	
7	7890	
8	8427	

**Funding and Award process:** MHKC will begin notifying campership applicants of their status on March 10<sup>th</sup>. Camperships will be awarded to eligible applicants on a first received, first granted basis until 2024 campership funds are depleted.

**Questions:** Please contact Kathy Werschkul at <a href="mailto:kathy@mhkc.org">kathy@mhkc.org</a> 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:			
	camper currently recown, foster home, grou				
	<u> </u>	<u>//onthly</u> Income	from All So	ources	
	Earnings (Salary, wages, commissions, etc.)	Agency Subsidy (Brokerage, county support, SSI, AFDC, SSD, food stamps, medical aid, foster care payments, etc.)		Other (Alimony, child support, rental property, investments, etc.)	Gross Monthly Income (before deductions)
Camper		payments, etc.,			
please list additi Mother	resides with their footnote (s) bel		an and is co	nsidered a dependent	t for tax purposes
Father Legal Guardian					
Other adults					
Please list, on ave	rage, your monthly	household exp	enditures: \$	<u> </u>	
List the total num	ber of people in the	e household livii	ng on above	e income:	
You must providetc.) with this a		verification (W	-2, Paystub	s, Voucher, SSI, letter	from employer,
Please describe th an additional page			•	r's need for financial s	
				nis Camp from anothe e agency, and status o	• .
Signature of Person	on Completing Forr	m Pr	inted Name		Date