

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 acceptance 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.

Household Size	Gross Monthly Income (\$)
1	2,660
2	3,606
3	4,552
4	5,500
5	6,446
6	7,392
7	8,340
8	9,286

Funding and Award process: MHKC will begin notifying campership applicants of their status on March 23rd. Camperships will be awarded to eligible applicants on a first received, first granted basis until 2026 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

	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				

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.

Mother				
Father				
Legal Guardian				
Other adults				

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