



CAMPERSHIP APPLICATION

Please return completed form to the child's teacher or social worker, or mail to Washtenaw Camp Placement Association. *Be sure that both parent and child sign the application* on the back. Washtenaw Camp Placement Association may seek additional information concerning the child applying.

Child's last name	First	Middle	Birthdate	M / F	Grade next year
Street address		City	Zip code	School currently attending	
Parent / guardian			Home phone	Cellular phone	
Parent's email address	Is this a single parent home? <input type="radio"/> yes <input type="radio"/> no		Is the child a foster child? <input type="radio"/> yes <input type="radio"/> no		

Please provide two other phone numbers for messages if you cannot be reached at the above numbers:

Name	Relationship	Phone
Name	Relationship	Phone

Please list every person living in the household:

Name	Relationship	M / F	Age
Name	Relationship	M / F	Age
Name	Relationship	M / F	Age
Name	Relationship	M / F	Age
Name	Relationship	M / F	Age
Name	Relationship	M / F	Age

Does father provide financial support? yes no Does mother provide financial support? yes no

Father's occupation _____ Mother's occupation _____

Where? _____ Where? _____

Days / hours _____ Work phone _____ Days / hours _____ Work phone _____

CONFIDENTIAL

Are you receiving Family Independence Program (FIP) support? yes no

What is your household's total yearly income? (Household income includes current income received by all household members before deductions for taxes and social security. Income is any cash income received which may include, but is not limited to wages, salary, social security, welfare, unemployment, child support, alimony, pensions, retirement, and earnings from self-employment.)

- Less than \$15,000 \$15,000 to \$22,000 \$22,000 to \$27,000 \$27,000 to \$32,000
- \$32,000 to \$37,000 \$37,000 to \$42,000 If over \$42,000, income is _____

Please describe any unusual financial problems:

Has your child gone to camp through Washtenaw Camp Placement Association before? yes no

If yes, which camp? _____ Does your child prefer this camp? yes no

Are there any times during the summer your child *cannot* attend camp? _____

Why? _____

Names and grade next year of brothers and sisters applying for a campership.(Each child must submit a separate application.)

Is the child physically, mentally or emotionally impaired? yes no

If yes, please describe limitations and special needs which should be considered in selecting the appropriate camp program:

Additional comments by child or parent:

Every family is encouraged to make a contribution toward the cost of camp. No child will be denied a campership if this is not possible. Contributions will be requested after the child is placed in a camp.

Our family's contribution pledge toward the camp fee will be \$ _____

I believe that my child wants to go to camp, and ask that he / she be considered for a campership for resident camp.

I would like to be considered for a scholarship to resident camp. (Camp is 1- 2 weeks, overnight.)

X

Parent signature

X

Child's signature

Please print, SIGN and mail to Washtenaw Camp Placement Association, 3135 South State Street, Suite 350-D, Ann Arbor, MI 48108. If you have any questions, please call (734) 971-4537 or e-mail us at campplacement@sbcglobal.net.