



## Campership Application – Part A: Parent/Guardian Form

**DEADLINE FOR FIRST ROUND OF PLACEMENTS IS JANUARY 31, 2018**

Note: Applicant must be in Grade 4 or above to apply. Please return completed form to Washtenaw Camp Placement, 3135 S. State Street – Suite 350-D, Ann Arbor, MI 48108

\_\_\_\_\_  
Child's last name                      First                      Middle                      Birth date                      M/F                      Grade **next** year

\_\_\_\_\_  
Street address                      City                      Zip code                      School currently attending

\_\_\_\_\_  
Parent/Guardian                      Cell Phone                      Home Phone

\_\_\_\_\_  
Parent/Guardian e-mail address                      Is this a single parent home?                      Yes                      No  
Is the child a foster child?                      Yes                      No

**You must provide the name, relationship and telephone of TWO ADDITIONAL ADULTS who can be reached in case of emergency. This application is void without that information. There are no exceptions to this requirement.**

1. \_\_\_\_\_  
Name                      Relationship to child applying                      Telephone

2. \_\_\_\_\_  
Name                      Relationship to child applying                      Telephone

Please list every person living in the household with the applicant:

\_\_\_\_\_  
Name                      Relationship to child applying                      M / F                      Age

\_\_\_\_\_  
Name                      Relationship to child applying                      M / F                      Age

\_\_\_\_\_  
Name                      Relationship to child applying                      M / F                      Age

\_\_\_\_\_  
Name                      Relationship to child applying                      M / F                      Age

\_\_\_\_\_  
Name                      Relationship to child applying                      M / F                      Age

Who provides support for the applicant: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian #1 occupation                      Parent/Guardian #2 occupation

\_\_\_\_\_  
Employer/Company Name                      Work Telephone                      Employer/Company Name                      Work Telephone

NOTE; THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE FOLLOWING TWO QUESTIONS ARE ANSWERED

1. 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 received which may include, but is not limited to, wages, salary, social security, welfare, unemployment, child support, spousal support, pensions, retirement, and earnings from self-employment.)

Less than \$15,000                      \$15,001 to \$22,000                      \$22,001 to \$27,000                      \$27,001 to \$32,000  
\$32,001 to \$37,000                      \$37,001 to \$42,000                      If over \$42,000, income is \$ \_\_\_\_\_

**2. Are you receiving Family Independence Program (FIP) or other government support?                      Yes                      No**

Please feel free to describe any unusual financial issues:

Has your child gone to camp through Washtenaw Camp Placement before?                      Yes                      No

If yes, which camp? \_\_\_\_\_

List the times during the summer that your child WILL NOT be available to attend camp: \_\_\_\_\_

Why? \_\_\_\_\_

Do not list all your children here. list only other children of yours who are also applying to us for a campership:

_____	_____	_____	_____
Name	Grade next year	Name	Grade next year

Is the child physically, mentally, or emotionally impaired?                      Yes                      No

If yes, please describe the child's limitations and special needs which may impact a camp experience:

Additional comments by parent/guardian or child:

**Do not submit this form until the following is provided. Without this information the application will not be processed:**

- **two additional adults to be notified in case of emergency, see page one**
- **annual income must be indicated above**

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

I would like to be considered for a scholarship to one or two weeks of sleep-away camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Date

**Return form to WCP by Wednesday, January 31, 2018 to be considered in the first round of placements.**

Washtenaw Camp Placement, 3135 S. State St., Suite 350-D, Ann Arbor, MI 48108

Please direct questions to: CampPlacement@sbcglobal.net Telephone: 734.971.4537 Fax: 734.661.4029