



Campership Application

Camper Name: _____

Email/Phone: _____

City: _____ County You Reside In: _____

Desired Camp Session *(Please register your camper now to hold your camper's spot, even if you won't know until March if you are awarded a Campership):* _____

Amount you can afford to contribute: _____ **Campership Amount Requested:** _____

****Camperships are awarded based on income. You must attach a copy of your most recent tax return, SSDI/SSI award letter, and proof of any other types of income reported in order for us to process this application.****

Did you apply for the Lifespan Respite Subsidy through HHS this year? Yes No

If yes, what was the result? If no, why not? _____

List the following information about all household members (use separate paper if more than 6):

Total # of Household Members: _____ Total Annual Household Income: \$ _____

(Household definition: If the camper is 19 or older, only the camper's income information is required. If the camper is a minor, total household income is required.)

	Name	Age	<u>Annual</u> Income (before deductions), SSI/SSDI, and other income
1.			
2.			
3.			
4.			
5.			

6.			
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INCOME INFORMATION

1) Are members of this household receiving free or reduced school lunches? Yes No

2) Are you currently receiving food stamps or "Aid to Families with Dependent Children"?

Yes No

3) Is the camper 19 years or older and his/her only income is SSI or SSDI? Yes No

a. If yes, what is the monthly amount received? _____

b. Is there any other source of income? Yes No

c. If yes, please explain:

4) Is the camper currently on Medicaid? Yes No

Signature of Camper / Parent / Guardian

Date

Printed Name

Mail this completed application along with supporting documents (proof of income) to:

Easterseals Nebraska
Attn: Holly Windorski
12565 W Center Rd Suite 100
Omaha, NE 68144

Or, you may fax to 888-611-6396.

Please call 402-930-4106 or 800-650-9880 x 4 or email hwindorski@ne.easterseals.com with any questions.