



2016 Campership Guidelines
Easter Seals Washington
Camp Stand by Me

Return to: Easter Seals Washington Camp Stand by Me
PO Box 289
Vaughn, WA 98394
253-884-2722 / Fax: 253-590-0594

2016 Campership Guidelines and Application

Easter Seals Washington secures funding through a variety of foundations, grants, special events and individual gifts to assist with keeping the fee of camp as low as possible and to provide funds for camperships. Camperships will be granted depending upon the availability of funds and the number of qualifying applicants. In order to financially assist as many campers as possible, camperships will be partial, up to 30% of the cost of the session applied for, and the camper will be responsible for the remaining balance due for the session. While completing this application please remember that there are many campers asking for the same funds and to please limit your request to what is really needed. We appreciate your understanding.

* We encourage you to contact service organizations in your area (i.e. Rotary, Lions, Knights of Columbus, and Kiwanis) about possible sponsorship as well. Many churches have also sponsored campers in the past.

To request a campership, please complete the following:

- Fully complete the application below, including all financial information, income and household size.
- Provide written support of income. Make a copy of your most recent W-2 or tax return, or SSDI/Medicare or Medicaid statement, and attach to this application. Campership applications will not be considered without these documents. If you have had a significant change in your income level that is not reflected on your W-2 or tax return, please send us a letter detailing your need and include supporting documents.
 - Fill out special circumstances paragraph (*if applicable*).
 - Fill out contact information of camper.
 - Sign and date application.
 - Return completed campership application by fax to 253-590-0594 or by mail to:

Camp Registrar
Easter Seals WA
Camp Stand by Me
P.O. Box 289
Vaughn, WA 98394

Things to note:

- Applications not completed in their entirety will not be considered for a campership.
- The maximum request fee is up to 30% of the cost of the session applied for.
- Camperships will be awarded in the spring. Awards will be determined by the amount of monies ESW is able to raise for camperships, the number of camper requests, financial need, and when the application has been received.
- ESW does not guarantee that the campership amount requested, if any, will be awarded.
- Questions? Please call 253.884.2722, or email jmayer@wa.easterseals.com.

INCOME INFORMATION:

Actual summer 2016 camp costs:

Sessions 1 and 4: Cost is \$1,385 for eight days and seven nights.

Sessions 2, 3, 5, 6, 7, 8 and 9: Cost is \$1,085 for six days and five nights.

Household Income:

- | | |
|---|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$50,000 - \$ 74,999 |
| <input type="checkbox"/> \$10,000 - \$ 14,999 | <input type="checkbox"/> \$75,000 - \$ 99,999 |
| <input type="checkbox"/> \$15,000 - \$ 24,999 | <input type="checkbox"/> \$100,000 - \$149,000 |
| <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$150,000 - \$199,999 |
| <input type="checkbox"/> \$35,000 - \$ 49,999 | <input type="checkbox"/> \$200,000 and above |

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 over 21 years of age and his/her only income is SS or SSDI? Yes No

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

b. Is there any source of income? Yes No

c. If yes, please explain:



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2016 CAMBERSHIP APPLICATION

Camper's Name: _____ Session: _____

Campership amount requested: \$ _____ (max request: \$350.00)

(You must attach a copy of your most recent W-2, tax return, SSI, SSDI, Medicare statement or official proof of income in order to process campership request.)

List the following information about all household members:

	Name	Age	Annual Income, (before deductions) SSI, and other income
1.			
2.			
3.			
4.			
5.			
6.			

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

**** Household definition:*** *If the camper is in a group home or host home, only the camper's information is required. If the camper is still living at home, total household count and income is required.*

Income Reference:

These income requirements are based on the Income Eligibility Guidelines for the USDA Child Nutrition Programs. We use this as a reference, however, due to a large number of applicant's income levels falling below these reference levels, we reserve the right to make decisions according to the actual incomes of those applying for campership.

Household Size	Annual Income
1	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
For each additional family member, add	\$ 7,511

SPECIAL CIRCUMSTANCES PARAGRAPH:

Please complete the bottom part of the campership application regardless if the “special circumstances” paragraph is filled out.

Please feel free to include a paragraph of any special circumstances that you would like to share in regards to your need for campership assistance.

CAMPER’S INFORMATION:

Camper Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

CAMPER’S SIGNATURE:

Signature

Signature Date

By entering your name on the line above, you agree to accept the terms of the above document with an electronic signature. Please check the box to acknowledge.