



Thank you for your interest in Camp Fire Camp El Tesoro!

Campership assistance is limited and awarded based on a variety of factors, including annual household income, date the application is received, number of people in the household, extenuating circumstances and previous scholarship assistance received. In order to assist as many families as possible, camperships are awarded a maximum of \$595 per child.

How do I apply?

To be considered for financial assistance, the complete application (all questions answered) and all supporting documentation must be submitted by **February 1, 2018**. Supporting documentation includes:

1. your most current income tax return,
2. most recent payroll check stub and
3. documentation of all sources of household income.

If all supporting documentation is not provided or a question is skipped, the application is considered incomplete. **Incomplete applications will not be considered.**

What will I need to pay?

Each family who is awarded a campership will be asked to pay a minimum of \$125 per camper.

When will I find out if my child is awarded a campership?

You will be notified concerning the status of your application by February 28.

Please return your completed application and supporting documentation by February 1 to:

Email: Cortney@CampFireFW.org

Fax: 817.831.5070

Mail: Camp Fire First Texas
Attn: El Tesoro Camperships
2700 Meacham Blvd
Fort Worth, TX 76137

Should you have any additional questions, please contact us at Cortney@CampFireFW.org or call 817.806.5451.

Camp Fire Confidential Campership Application 2018

(please complete one per family)

Parent/Guardian #1 _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____

Email Address _____ Employer _____

Parent/Guardian #2 _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____

Email Address _____ Employer _____

| Names of Other Persons in Household | Adult or Child? | Relationship to camper | Gender | For Children: Age |
|-------------------------------------|-----------------|------------------------|--------|-------------------|
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Primary Reason for Application:

- Financial Hardship Parent in Military Parent Attending School Natural Disaster Medical
- Recent Divorce Recent Death in the Family Other

Please answer the following questions for each child requesting assistance:

| Has your child... | Camper #1 Name _____ | Camper #2 Name _____ | Camper #3 Name _____ |
|--|--|--|--|
| Attended any camp before? When: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attended El Tesoro overnight camp before? Where: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Received a campership from Camp El Tesoro before? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Participated in other Camp Fire programs? If so, which one(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No Program: | <input type="checkbox"/> Yes <input type="checkbox"/> No Program: | <input type="checkbox"/> Yes <input type="checkbox"/> No Program: |

Session Information:

| | Camper #1 | Camper #2 | Camper #3 |
|--|---|---|---|
| List the camp fee for the session type 13-day session \$1,325 6-day session \$720 4-day session \$505 | Camp Fee: \$ _____ | Camp Fee: \$ _____ | Camp Fee: \$ _____ |
| Subtract the minimum required \$125, and subtract any additional amount you can pay. | Required Payment: - <u>125.00</u> | Required Payment: - <u>125.00</u> | Required Payment: - <u>125.00</u> |
| | Additional Amount You Can Pay: - \$ _____ | Additional Amount You Can Pay: - \$ _____ | Additional Amount You Can Pay: - \$ _____ |
| | Assistance Requested: \$ _____ | Assistance Requested: \$ _____ | Assistance Requested: \$ _____ |

HOUSEHOLD INCOME

List and provide documentation of all sources of income for each individual in the household.

Please list the amount, and indicate frequency of income in the parenthesis () below.

(W) = Weekly

(E) = Every other week

(T) = Twice monthly

(M) = Monthly

(A) = Annual

(O) = Other (please explain)

| | Wage earner #1 | Wage earner #2 | Wage earner #3 | Wage earner #4 |
|---------------------------------|----------------|----------------|----------------|----------------|
| Wage earner's name | | | | |
| Gross Wages | () | () | () | () |
| Net Wages (after deductions) | () | () | () | () |

Reason and Amount of Deduction

| | | | | |
|--------------------|--|--|--|--|
| FICA | | | | |
| Federal Income Tax | | | | |
| FICA Medical | | | | |
| Other | | | | |
| | | | | |
| | | | | |

Other Sources of Income

| | Wage earner #1 | Wage earner #2 | Wage earner #3 | Wage earner #4 |
|-----------------|----------------|----------------|----------------|----------------|
| Child Support | () | () | () | () |
| Unemployment | () | () | () | () |
| Social Security | () | () | () | () |
| Disability | () | () | () | () |
| Food Stamps | () | () | () | () |
| | () | () | () | () |

If you are self-employed and file a schedule C, what is your annual draw? _____

HOUSEHOLD EXPENSES

| Type | Amount | Frequency |
|---|--------|-----------|
| Rent/Mortgage | | |
| Utilities (water, electric, gas, phone) | | |
| Food | | |
| Car | | |
| Medical Expenses | | |
| Education Expenses | | |

Please explain any unusual expenses below:

COMMENTS

Please explain extenuating circumstances that affect your ability to pay full camp fees this year. Medical expenses, emergency, etc. (Attach a separate page if needed)

I certify that all information is true and complete to the best of my knowledge. I agree to inform Camp Fire First Texas immediately of any changes in my income or family size. I understand that false information could jeopardize my financial assistance.

Signed _____ Date _____
(Parent/Guardian must sign)