

Date: _____

CampCare Campership Request Form:

A request for a full or Partial Campership must be received by the Director of CampCare, no later than March 1st. All requested information on this form must be included for the camper to be considered. You will be notified no later than the end of March of the Campership Committee's decision.

This Campership request will be treated as confidential and reviewed only by those CampCare Board Members who serve on the Campership Committee.

There are very limited funds available for Camperships, so please only request funds if a financial hardship exists. Only request that amount of money toward the cost of camp that is actually required to send the camper to camp.

Camper's Name: _____

Parent's/Guardian's Name: _____

Address: _____

Number of years attending CampCare: _____

Has camper received Campership money in the past three years? If so what year and amount:

Who do we contact in regard to this request: _____

Phone: _____

Camper's Income: _____

Does camper receive SSI or SSDI? ____ Yes ____ No Amount received monthly? _____

Does camper have a paying Job? ____ Yes ____ No Amount received monthly? _____

Parent's / Guardian's ability to contribute toward camp: _____

Please explain difficulties in funding camp? _____

What amount of Campership is camper requesting: _____

Send form to Director of CampCare, PO Box 12155, Reno, NV 89510-2155