

Application for Camp Cedar Point Campership

(Financial Assistance)

If financial assistance is needed for a girl to attend camp, complete the following information. Application must have ALL blanks completed in order to be considered. (Title XX program participants only need to fill out the Title XX section on the bottom portion of this page.) All information is held in confidence. NOTE: All families must pay some portion of the camp fee based on ability to pay. The Council does not grant "total" or "full" camperships. The \$25 deposit is required to process camperships and is refundable if a campership is not granted. Title XX program participants are not required to pay the \$25 deposit.

Requesting financial assistance for (Camper Name) _____

Camp Fee \$ _____

(Parent/Guardian will be expected to pay 1/3 of the camp fee, less the \$25 deposit. This does not apply to Title XX program participants.)

Mother's Occupation _____ Place of employment _____

Father's Occupation _____ Place of employment _____

Number of persons in household dependent on income _____ Total household income \$ _____

Total number of children in family _____ Have you ever had a campership or received financial assistance before? _____

If yes, when and what? _____

Do parents/family qualify for: _____ free lunch _____ reduced lunch _____ food stamps _____ Medical Card
_____ unemployment _____ ADC funding Other (list _____)

If parents are divorced, does non-custodial parent provide child support? _____ Yes _____ No

Will family be requesting a campership for more than one camper this year? _____ Yes _____ No

Attach any additional information which will help explain your family's need for financial assistance.

Parent/Guardian Signature _____ Date _____

TITLE XX PROGRAM FOR FAMILIES RECEIVING ILLINOIS TANF FUNDS

Camp Cedar Point participates in the DFI Title XX program, through which the State of Illinois (IL Dept. Human Services -- IDHS) provides funds for eligible children to attend camp at NO COST to the family. To qualify for the program, the family must hold a TANF (Temporary Aid to Needy Families) identification card (MEDICAL CARD) with a case number which begins with 04, 06, 07, 00, or 90 through 98. If you think you qualify, COMPLETE THE INFORMATION BELOW AND SEND A PHOTOCOPY OF THE CASE NAME'S MEDICAL CARD (include side with list of who is covered) and a photo-ID or driver's license. No deposit required for Title XX campers. Please note: a camper may attend only one Title XX session at one camp during the spring, summer and fall camping season.

Case Name _____ Case # _____ / _____ / _____ / _____

Address (if different than camper's address) _____

Father _____ Address (if different than case address) _____

Mother _____ Address (if different than case address) _____

Parent/Guardian Signature _____ Date _____

-- MUST INCLUDE PHOTOCOPY OF IL. DEPT. OF HUMAN SERVICES MEDICAL CARD WITH APPLICATION --