

# CAMP FIRE SAMISH & CAMP KIRBY CAMPSHIP APPLICATION 2023

Office Use Only

Rec'd \_\_\_\_\_

Notified \_\_\_\_\_

Campership eligibility is dependent upon current financial need and extenuating family circumstances. Applications are kept in strict confidence. Camperships are dependent upon available funds. No full camperships will be awarded.

**Please fill out a separate application for each child.**

Camper Name	Age	Grade in Fall	Session # & Name (ex: Session 1 Beachcomber)
Address			Phone Number
Parent Name		Email Address	

- I have registered my child online and paid the \$100 deposit. I understand the \$100 deposit WILL BE refunded if no campership is awarded and the child does not attend camp.  Yes
- I am applying for camperships for more than one camper:  Yes  No
- For which program(s) are you applying for financial aid?  Day Camp  Resident Camp
- Amount of financial aid you are requesting:  25%  50%  Other \_\_\_\_\_
- List your total current household monthly income from all sources: \_\_\_\_\_
- Which of these sources do you receive income or assistance from? (Check all that apply)
  - Wages/tips/other earnings
  - Child support
  - Government/SSI/Disability income
  - Housing assistance
  - Free/Reduced school lunch
  - SNAP/Basic Food/WIC
  - Other \_\_\_\_\_
- How many people are in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_

**Please answer the following questions on the back of this page, or on a separate sheet of paper.**

- Please describe your financial hardship.
- If your child has attended Camp Kirby before, please describe what their Camp experience has done for them (ex: changes you have seen in your child, positive outcomes from their time at Camp Kirby, etc).

**To fully process your Campership application, supporting documentation is required.**

Please check which type of documentation you are providing with this application:

- Current year's tax return form(s) for your household
- Previous year's tax return form(s) for your household
- A statement of benefits from an aid organization
- A statement of eligibility for free or reduced school lunches
- A general letter from a service provider or professional (case worker; social worker etc.) with contact information that clearly states the family's circumstances

I attest that this form is complete, accurate, and provided for the purpose of being considered for financial aid to participate in Camp Fire Samish activities. I give permission for Camp Fire Samish and Camp Kirby to utilize my verbiage (as written in response to questions 8 and/or 9) and to use my child's photograph in promotional materials. Stories and photographs may be used in printed form, in video productions or presentations, and/or posted on social media. I further give my permission for Camp Fire Samish to contact any person or agency listed above, for the purpose of verifying this information.

Parent/Guardian Signature

Date

**Send this form and documentation to: MAIL:** 1321 King St. Suite #3, Bellingham, WA 98229  
**FAX:** 360-733-5711 **EMAIL:** kathryn@campfiresamish.org **Questions? CALL:** (360)255-7765