



## 2008 Campership Assistance Application

(Do not use this form if you are not applying for campership)

### General Information

Campership assistance is available to any resident of Connecticut or only. Campership is awarded based on financial need and available funds. The campership application must be completed and returned to our office as soon as possible. The Camp Admissions Committee determines campership awards. Campership is available for only one session per camper per summer.

**Please complete the following in its entirety and return immediately with the application to: Camp Director, Easter Seals Camp Hemlocks, P. O. Box 198, Hebron, CT 06248**

\*Camper's Name: \_\_\_\_\_ \*Age: \_\_\_\_\_

\*Person/Agency financially responsible for applicant: \_\_\_\_\_

\*Relationship to camper \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Phone: : \_\_\_\_\_

\*Number of people in household \_\_\_\_\_ \*Gross Annual Family Income \$ \_\_\_\_\_

\*(**Must attach current tax return**) \*Source of Income: \_\_\_\_\_

\*Does camper reside in a group home or supported living arrangement? Yes \_\_\_ No \_\_\_

Does camper receive any financial assistance from local, state, or federal government?

Yes \_\_\_ No \_\_\_ If yes name of agency: \_\_\_\_\_

\*Monthly amount received: \$ \_\_\_\_\_

\*Is camper a legal resident of Connecticut? Yes \_\_\_ No \_\_\_

Race: \_\_\_\_\_ (Optional, used only for reporting purposes to foundations and other agencies for program support.)

### Statement of Need

Please indicate the **specific amount** of campership needed and explain why this amount of financial aid is requested. The application will be returned if this part is not completed.

\*Amount Requesting: \$ \_\_\_\_\_

**Statement of Need:**

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\*Signature of Parent/ Guardian/Care Giver of camper: \_\_\_\_\_

\*Contact Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**\*Information must be provided. If info is not provided will cause delay in processing in granting campership.**