

How to Apply for Campership Funding

1. Complete the Application Form on the reverse side of this page. You will be notified by phone or mail should there be additional information required to process your request. Incomplete forms will be returned to you for completion, causing a delay in the processing.

- 2. Applications must be accompanied by current verification of eligibility (as indicated on application form). Please submit a copy of:
 - A copy of your 2018 Certified tax return; or if taxes were not filed, include copies of relevant checks or stubs from Disability, social Security, Welfare, Workmen's Compensation, Child Support, or Unemployment Compensation, plus another relevant back-up data that will aid in verifying income and custody.
 - Verification that a foster child has been place in your care
- 3. Submit your application to use:
 - Campership Program, Camp MOE, 314 Main Street, Torrington, CT 06790

Camperships are reviewed and awarded on a first-come, first-serve basis while funds are available. Completion of the application does not guarantee granting of campership funds. All applications with supporting proof of income must arrive in our office at least one month prior to the first day of your preferred program.

Camp MOE does not discriminate on the basis of race, color, nationality, gender, ethnic origin, or religious belief.

Need to Know Information:

- 1. You will receive a letter confirming your award level or stating the reason why your application was not approved.
- 2. Applicants who falsify information or do not call to notify us of absences may be ineligible for future camperships.
- 3. All campership applications are kept confidential.
- 4. Keep a copy of your application and this page for your records.



Camperships for Camp MOE are based on Income Eligibility Guidelines provided by the Federal Income Guidelines for Free and Reduce Lunch. Camperships are given out on a first-come, first-served basis until the allotted funds are depleted. More than one campership may be awarded to a family if the need is evident. Only one campership will be awarded per child. Camperships are awarded in amounts equaling 10%, 25%, 50%, or 75% of the total camp fee based on need. All information provided is kept confidential. Incomplete applications will be denied. Please provide the following:

Program Desired:	Session Dates:		
Child's Name		Date of Birth:	
Address:	Phone:		
City:	State:	Zip	
Mother's Name:	Father's Na	nme:	
STEP 1: FAMILY INCOME (List Am	ounts Received Yearly)		
Sources of income: 1. Employment:	\$	per year	
2. Investments:	\$	per year	
3. Welfare:	\$	per year	
4. Social Security:	\$	per year	
5. Disability:	\$	per year	
6. Workmen's Compensation:	\$	per year	
7. Child Support:	\$	per year	
8. Unemployment Compensation:	\$	per year	
9. Other (Please Identify)*	\$	From:	
TOTAL YEARLY INCOME:	\$	(calculate by adding lines 1-9)	
*Other, such as pension or other retireme	ent, public assistance, alimony, TD	I, foster care support: (please identify on line to right.)	
STEP 2: INCOME AND CUSTODY V			
☐ Taxes were not filed for the last two to	ax years for the following reason:_		
If taxes were not filed, include copies of	relevant checks or stubs from Disa	ability, Social Security, Welfare, Workmen's other relevant back-up data that will aid in verifying	
☐ If there are extenuating circumstances	s that you would like to have consider	dered, please describe them in a letter.	
STEP 3: FAMILY SIZE (Indicate Size (Number of parents and minor children i		 ne same roof who are claimed as dependents for federal	

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income tax purposes.) Please list first names and ages of immediate family members below: