

COLORADO LIONS CAMP CAMPERSHIP APPLICATION

COMPLETE ONLY IF APPLICABLE

★ **Please read through this application thoroughly, some information may have changed.**

★ **Complete this application in its entirety.**

Colorado Lions Camp receives campership funding through Lions Clubs throughout the state of Colorado and from various grants and fundraising opportunities. Our week at camp costs campers \$750 to attend a one week camp session.

★ **Camperships will be provided on a first-come, first-serve basis to those eligible for financial assistance.**

Campers are eligible to receive assistance towards one camp session each summer and will need to reapply each year. Previous years' awards are not a guarantee that the campership amount will be the same. Our campership awards will be based on a sliding scale.

★ **If the camper receives services through an agency, the agency must be contacted first to see if funding is available before a campership will be considered.**

★ **CLC is a Medicaid/First Health provider and in many cases, the cost of camp can be worked into their service plan under "Respite Camp" CODE T2036.**

Please contact your case manager for more information.

★ **Due to the high number of campership requests received, all campership applications must have financial documentation attached showing eligibility needs.**

Such as: tax returns, W-2's, paycheck stubs, 1099, SSDI, SS, Medicare/Medicaid statement). Incomplete requests will be returned and your camp application may be put on hold until all documentation is received.

★ **\$300.00 deposit is required for all applicants regardless of financial status.**

Date: _____ Campers Name: _____ Age: _____

Parent/Caregiver Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Has Camper attended Lions Camp before? Yes No Has Camper received CLC campership before? Yes No

Session First Choice: _____ Second Choice: _____

Total amount you are able to contribute toward camp (on top of the required \$300 deposit): \$ _____

Does the camper live with parents, family member, group home, host home or on their own? _____

List all members of the Campers household, including the Camper - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL household members	Earnings from Work (before any deductions)	W	B	2	M	Public Assistance/ Child Support/Alimony	W	B	2	M	Pensions/ Retirement/ Social Security (SSI)	W	B	2	M	Any Other Income Not Already Listed	W	B	2	M
		ee	i	x	o		ee	i	x	o		ee	i	x	o		ee	i	x	o
		k	-	M	n		k	-	M	n		k	-	M	n		k	-	M	n
		l	W	o	t		l	W	o	t		l	W	o	t		l	W	o	t
		y	e	h	h		y	e	h	h		y	e	h	h		y	e	h	h
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

Total Household Members (include all people living in the Campers household): _____ (total listed must equal number of household members listed above)

Contact Information & Signature - Complete, sign, and return this application along with your supporting financial documents and Camp Application to:

I certify (promise) that all information on this application is true and that all income is reported. I understand that the CLC administration may verify (check) the information.

Printed Name of Parent/Caregiver

Signature of Parent/Caregiver

E-Mail Address

Mailing Address

City, State & Zip Code

Daytime Phone