



## COLORADO LIONS CAMP CAMBERSHIP 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. Unfortunately, as the actual cost of camp continues to increase, our funding continues to decrease. Our week at camp costs campers \$600, but our actual cost is \$950 for a camper 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.
- ★ **\$200.00 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 \$200 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
		ki	l	h	nl		ki	l	h	nl		ki	l	h	nl		ki	l	h	nl
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

**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