

# Camp Holiday Trails

A Camp for Children with Special Health Needs



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## FAMILY CAMP CAMBERSHIP APPLICATION '08

**FINANCIAL AID IS AVAILABLE**

Camp Holiday Trails (CHT) is a non-profit, 501(c)3 camp for children with special health needs. We are committed to making our camp available to as many children as possible, regardless of ability to pay. Each year we work hard to raise funds through special events, grants and private contributions.

We understand that providing the best possible program and care for your child *requires an investment*. We ask parents to complete the **Campership Application** accurately and honestly so that we may use our funds to provide *as many children as possible* with the Camp Holiday Trails experience. All information is confidential and will be used only to determine financial assistance.

**Name (of Parent/Guardian filling out form):** \_\_\_\_\_ New to Camp

FAMILY ATTENDING CAMP: \_\_\_\_\_ Returning to Camp

Name of person completing application: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Total Household Income:**

- |  |   |   |
|--|---|---|
| Less Than \$15,000 <input type="radio"/> | \$35,001-\$45,000 <input type="radio"/> | \$65,001-\$75,000 <input type="radio"/> |
| \$15,001-\$25,000 <input type="radio"/>  | \$45,001-\$55,000 <input type="radio"/> | \$75,001-\$85,000 <input type="radio"/> |
| \$25,001-\$35,000 <input type="radio"/>  | \$55,001-\$65,000 <input type="radio"/> | Over \$85,001 <input type="radio"/>     |

**Number of people in household (supported by total household income):** \_\_\_\_\_

**Is there any additional information you would like to share to help us in providing financial assistance?** \_\_\_\_\_

**We partner with our families to make the CHT experience possible. Please share any source of financial assistance you have explored to help get your family to Camp!**

Assistance from family: \_\_\_\_\_ Employer/workplace: \_\_\_\_\_

Local service clubs (Rotary, Kiwanis, Lions, etc.): \_\_\_\_\_ Health organizations: \_\_\_\_\_

Other: \_\_\_\_\_

My family/outside support is able to pay:	\$ _____
My CAMBERSHIP REQUEST to CHT:	\$ _____
<b>TOTAL CAMP FEE:</b>	<b><u>\$100 (Family PD Camp)    \$600 (Family Week)</u></b>

Signature of person completing application: \_\_\_\_\_ Date: \_\_\_\_\_