

Camp iCare[®] Sponsorship Application for Children, Ages 6-12
(6 yr. olds, completing Kindergarten through 12 yr. olds, born on July, 7, 2004 or after)

To be considered for assistance with Camp iCare[®] fees, carefully complete and sign this application. Place it in a sealed envelope marked Camp iCare[®] Sponsorship Application and mail to:

Camp iCare[®]
210 Spidle Hall
Auburn University, AL 36849-5604

Sponsorship applications will be due by June 1 to be considered for the summer camp and are subject to availability.

Child's Name(s) _____

Parent's Name(s) _____

Parent/Guardian 1 Address _____ Parent/Guardian 2 Address _____

Please Circle Preferred Contact Numbers

Home Telephone: _____

Parent/Guardian 1

Parent/Guardian 2

Work: _____

Parent/Guardian 1

Parent/Guardian 2

Cell: _____

Parent/Guardian 1

Parent/Guardian 2

In order to establish financial need, it is necessary for us to receive information concerning your family's financial situation. This information will enable a small, confidential committee to determine whether your family meets the Income Eligibility Guidelines of the National School Lunch Program. These same guidelines will be used to determine eligibility for receipt of scholarship funds, although there are no school lunches served in our program and Camp iCare[®] has no connection with the National School Lunch Program. The information which you supply will be treated confidentially. It will be reviewed only by designated Camp iCare[®] Scholarship Committee members.

Are you NOW receiving benefits from the Supplemental Nutrition Assistance Program, the Women, Infants, and Children program and/or Aid to Dependent Children for this child? Do you receive any other form of government assistance (disability, etc.)? ☐ Yes ☐ No

Briefly describe the paid employment of all persons residing within your household.

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Other _____

Please give the following information about your household.

Household Members: List the names of everyone residing in your household (next page). Include yourself and the child listed above. If you need more space, use a separate sheet of paper.

Income: List all income received last month on the same line with the person who received it. You must list gross income before deductions for taxes, social security, etc. List each amount under the correct title and list total monthly income of entire household.

LIST ALL HOUSEHOLD MEMBERS

MONTHLY INCOME

Name (Last, First)	Age	Monthly Earnings from Work (Before Deductions)	Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security Student Stipends	All Other Income Received Last Month. Include Any Investment Income.
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
TOTAL NUMBER OF PEOPLE IN HOUSEHOLD _____				TOTAL MONTHLY INCOME _____	

Describe major expenses of an unusual nature (e.g., medical bills, educational costs, nursing care.)

Give any other information which the committee should know about your family situation to support your application for scholarship assistance. Continue on back of paper as necessary.

Which do you feel best describes your child's ethnic identity? _____ White _____ Black _____ Hispanic
 _____ Asian or Pacific Islander _____ American Indian or Alaskan Native
 _____ Other (please describe) _____

What is the citizenship of this child's parents?

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Has your family been associated with Camp iCare®? Describe your relationship with the camp (for example: older sibling attended two years or this child attended last year).

My signature below indicates that all the information contained in my application is factually correct, honestly presented, and may be verified.

Signature: _____ Signature: _____
 Date: _____ Parent/Guardian 1 Date: _____ Parent/Guardian 2