



Dear Campership Applicant,

Thank you for your interest in the Camp Manito-wish YMCA program. We believe in providing camp experiences to all who desire to participate. The Camp Manito-wish YMCA Campership Program provides financial assistance on an as needed basis to program applicants. Financial assistance, or "Campership", is made available through generous contributions to Camp Manito-wish YMCA.

The process to apply for a Campership is as follows:

1. Complete the *Camper Enrollment Application* and enclose a deposit of \$400 or 25% of your anticipated family contribution.
2. Complete the *Campership Request Form*.
(When determining your request for Campership Assistance, we encourage you to consider a monthly payment plan)

3. Return both forms and deposit to Camp at:
Camp Manito-wish YMCA
P.O. Box 246
Boulder Junction, WI 54512

If not accompanying the enrollment application, the Campership Request Form must be received within 14 days of the camper application or it **may not** be considered for funds.

4. Your campership application will be reviewed and notification of campership awards will be sent once allocation of campership funds is determined.

The next campership allocation will be April 30, 2008

5. Payment arrangements may be made for any remaining balance by contacting Karmen Tornow in our business office at 715/385-2062.

All Enrollment Applications and Campership Request's are considered on a first come, first served basis. The first consideration is whether there is space available in the session requested. Second is the availability of campership funds.

If you have further questions, please contact us at camp@manito-wish.org or call 715/385-2312, and we will be happy to help you in any way that we can.

Sincerely,

Anne Derber
Executive Director

For Office Use Only	
Date Received:	_____
Date Approved:	_____
Date Acknowledged:	_____

Camp Manito-wish YMCA Campership Request Form

When requesting campership assistance, we ask that you complete all portions of the application so that we may best provide funds to those in need within our available resources. Information will be kept confidential. Camp Manito-wish is open to all without regard to race, color, national origin, sex, age, or handicap. We thank you for your complete response.

I. Camper Information (Please Print)

Camper Name: _____ Session Enrolled _____

Address: _____

City: _____ State: _____ Zip: _____

Age of Camper _____ School Grade Fall of 2008 _____

Is Camper currently employed? _____ (Include babysitting, grass cutting, snow shoveling etc.)

Monthly gross income \$ _____ How much, if any, is contributed to basic household needs? \$ _____

II. Parent/ Family Information

Parent(s) Name(s): _____

Address (if different from above): _____

Home Phone: _____ Work Phone: _____

Are you currently employed? _____ Employer _____

Occupation _____

Is your spouse currently employed? _____ Employer _____

Occupation _____

Are you or your spouse presently enrolled in school? _____ Full-time _____ Part-time _____

Number of dependents: _____ Ages: _____

Income: Monthly gross \$ _____ Spouse's monthly gross? _____

Child support \$ _____ Spousal support \$ _____

Other monthly income: _____

Expenses: Total monthly expenses for essential housing, food, clothing, etc. \$ _____

Extra or unusual expenses or debts that affect your monthly budget: _____

(Continued on reverse)

III. Financial Assistance

(For consideration, this section must be complete)

Please include a narrative as to your circumstances for requesting campership assistance and why you feel your child would benefit from a Manito-wish experience. Please include any special information relating to this application. (Please use the space below or attach a separate page)

Please take the time to complete the following accurately:

Session Applied for: _____

A. **Total Camp Fee:** \$ _____
B. **Less Total Family Contribution:** \$ _____
(Total of 1-3)

1. Family can contribute \$ _____
2. Camper can contribute \$ _____
3. Other sources can contribute \$ _____

C. **Less Amount of Deposit sent with admission application:** \$ _____

D. **Total Campership funds requested:** \$ _____ *

*(D) Campership Funds Requested equals (A) Total Camp Fee less (B) Total Family Contribution less (C) Amount of Deposit

Have you been granted a campership before? Yes _____ No _____

Have you been referred to the campership program by a Manito-wish Alum? Yes ___ No ___

If so, by whom? Name: _____

Phone: _____

The information I have provided on this form is correct and I agree to provide additional documentation to verify financial need if required.

Parent Signature _____ Date _____

Camper Signature _____ Date _____

**Please return Campership Request Form with Camper Enrollment Application to:
Camp Manito-wish YMCA
P.O. Box 246
Boulder Junction, WI 54512**

It is important that the "Campership Request Form", if not accompanying the application, be received within 14 days of the camper application. "Campership Request Forms" not received in this timeframe may not be considered for funds.