



Thank you for your interest in the Camp Manito-wish YMCA program. We believe in providing growth experiences to all those who desire to participate. The Camp financial assistance program or Campership program, provides assistance on an as needed basis to program applicants. This financial assistance 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 form and enclose a deposit of \$400 or 25% of the anticipated family contribution.
2. Complete the Campership Request Form. (when determining request for assistance, we encourage you to consider a monthly payment plan).
3. Return both forms and deposit to:

Camp Manito-wish YMCA  
P.O. Box 246  
Boulder Junction, WI 54512

4. If not accompanying the enrollment application, the Campership request form must be received within 14 days of the enrollment application or it **may not** be considered for funds.
5. Campership allocations will be made on December 1, 2017, February 2, March 30, April 13, April 27, and May 11, 2018 or until programs are full.
6. Payment arrangements may be made prior to allocations by contacting Karmen Tornow in our business office at 715-385-9270 Ext. 227.

All enrollment applications and Campership requests are considered on a first come, first served basis.

If you have any questions, please contact us at [camp@manito-wish.org](mailto:camp@manito-wish.org) or call 715-385-2312 and we will be happy to help.

Thank you and we look forward to serving you.

# 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 2016 \_\_\_\_\_ Is Camper currently employed? Y \_\_\_\_\_ N \_\_\_\_\_  
(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? Y \_\_\_\_\_ N \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Is your spouse currently employed? Y \_\_\_\_\_ N \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Are you or your spouse presently enrolled in school? Y \_\_\_\_\_ N \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Number of dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Income: Annual income \$ \_\_\_\_\_ Spouse's annual income? \_\_\_\_\_

Child support \$ \_\_\_\_\_ Spousal support \$ \_\_\_\_\_

Other yearly income: \_\_\_\_\_

### Expenses:

Total annual expenses for essential's (e.g. mortgage/rent, utilities, gasoline, food, clothing, etc.): \$ \_\_\_\_\_

Extra expenses or debts that affect your yearly budget (e.g. medical, college, etc): \$ \_\_\_\_\_

(Continued on reverse)

### III. Financial Assistance

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)

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**Please take the time to complete the following accurately:**

**For consideration, this section must be completed.**

**Session Applied for:** \_\_\_\_\_

**A. Total Camp Fee (Please use the adjusted fee):** \$ \_\_\_\_\_  
**B. Less Total Family Contribution:** \$ \_\_\_\_\_

**(Total of 1-3)**

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

**C. Total Campership funds requested:** \$ \_\_\_\_\_\*

**\*(C) Campership Funds Requested equals (A) Total Camp Fee less (B) Total Family Contribution**

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.

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