

Experience
MANITO·WISH[®]
CAMP MANITO-WISH YMCA

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. Our 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.
2. Complete the Campership Request Form (When determining request for assistance, we encourage you to consider a monthly payment plan).
3. Return both forms 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 every 2 weeks beginning October 15, 2024 until programs are full.
6. A minimum deposit of \$750 or 25% of the family contribution is due upon award of Campership.
7. Payment arrangements may be made prior to allocations by contacting Karmen Tornow in our business office at 715-385-9270 Ext. 227.

Camp Manito-wish is open to all without regard to race, color, national origin, sex, sexual orientation, gender, age, or disability. 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 or call 715-385-2312 and we will be happy to help.

Thank you and we look forward to serving you.

OUR MISSION: To enrich the character and leadership development of each person who has a Manito-wish experience, by challenging them to grow in wisdom, in stature, in favor with God, and in favor with one another. **OUR VISION:** The Manito-wish experience develops confident, responsible and enlightened leaders who will improve the world in which they live. **OUR COMMITMENT:** Camp Manito-wish YMCA strives to create an inclusive environment by upholding human dignity, valuing diversity, and acknowledging unique experiences.

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. 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 2025 _____

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(s)/ Guardian(s) Responsible for Camper Fees Information

Parent/Guardian Name(s): _____

Parent/Guardian 1

Address (if different from above): _____

Home Phone: _____ Work Phone: _____ Are you currently employed? Y _____ N _____

Employer _____ Occupation _____

If applicable, number of dependents: _____

Ages: _____

Parent/Guardian 2

Are you currently employed? Y _____ N _____

Employer _____ Occupation _____

If applicable and different than parent/guardian 1, number of dependents: _____

Ages: _____

Parent/Guardian 1

Income:

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.): \$ _____

Camp Manito-wish YMCA Campership Request Form

Parent/Guardian 2:

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):\$ _____

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) If you have any questions, please contact us at 715-385-2312.

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 actual fee): \$ _____

B. Less Total Family Contribution: \$ _____

(Total of 1-4)

1. Parent/Guardian 1 can contribute \$ _____
2. Parent/Guardian 2 (if applicable) can contribute \$ _____
3. Camper can contribute \$ _____
4. 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 _____

Camp Manito-wish YMCA Campership Request Form

IV. Areas of Eligibility

Funding for our Campership opportunities is provided through our Annual Fund Drive, distributions from our Endowment Funds, and Grants. Which of these Campership opportunities would your Camper qualify? Please select all that apply. At a minimum, please select general campership. The boxes checked have no bearing on the amount of Campership awarded. The information is used to help support current and additional funding needs.

- General Campership Endowment Distribution/Annual Fund Drive-Camperships**
(Eligible for any Camper applying for a campership)
- Tim Corcoran Campership Endowment Fund**
(A camper who is socially and economically underserved or a camper who is transitioning to a gender non-conforming identity)
- Ned Schley Diversity, Equity, & Inclusion Campership Endowment Fund**
(A camper who is Black, Indigenous, or Person of Color (BIPOC) or a Camper is from the LGBTQ+ Community)
- Dairymen’s Foundation Inc.**
(A camper who attends a school that feeds into the Lakeland Union High School, Northland Pines School District, or Eagle River area)
- Camp for Kids Grant**
A Camper family who qualifies for one or more of the following program subsidies: FoodShare/SNAP (Supplemental Nutrition Assistance Program), Wisconsin Shares Childcare Is a full-time residents of Milwaukee County or children in foster care through the Bureau of Milwaukee Child Welfare.

Were you referred to the camp by an outside (also known as “external”) organization? If so which one(s)?

| | Referring Organization |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Casa Maria Hospitality House |
| <input type="checkbox"/> | Glen Hills Middle School |
| <input type="checkbox"/> | Hales Corners Elementary |
| <input type="checkbox"/> | Home School Association |
| <input type="checkbox"/> | Hope Christian Schools |
| <input type="checkbox"/> | Immanuel Lutheran |
| <input type="checkbox"/> | Milwaukee Public Schools |
| <input type="checkbox"/> | Milwaukee College Prep |
| <input type="checkbox"/> | Next Door |
| <input type="checkbox"/> | Notre Dame Elementary |
| <input type="checkbox"/> | Silver Spring Neighborhood Center |
| <input type="checkbox"/> | St Marcus |
| <input type="checkbox"/> | Wilson Elementary |
| <input type="checkbox"/> | Other: _____ |

Have you been referred to the campership program by a Manito-wish Alum?

Yes ___ No ___

If so, by whom? Name: _____

Phone: _____

Is the Camper a member of a Military Family?

Yes ___ No ___

Camp Manito-wish YMCA Campership Request Form

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

Parent/Guardian 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**

Please review directions on page one regarding timing of submission and deposit. If you have any questions, please contact us at 715-385-2312.

| | |
|---------------------|-------|
| For Office Use Only | |
| Date Received | _____ |
| Date Approved | _____ |
| Date Acknowledged | _____ |