



Campership Financial Assistance Application

PO Box 381, Mount Desert, ME 04660
Phone: (207) 244-0365
Fax: (207) 244-3355
www.campbeechcliff.org

This application may be completed online as well at

<http://www.campbeechcliff.org/campership-application/>

Campers must be year-round residents of Hancock County.

You must demonstrate family financial need. All applications are handled confidentially.

Parent(s) or Guardian(s) at Camper's Permanent Address

Parent/Guardian 1 _____ Relationship to Camper _____
Address _____ City _____ State _____ Zip _____
Employer _____ Occupation _____
Phone Numbers: Home _____ Work _____ Cell _____
Email _____ Ok to email financial information? • Yes • No

Parent/Guardian 2 _____ Relationship to Camper _____
Address _____ City _____ State _____ Zip _____
Employer _____ Occupation _____
Phone Numbers: Home _____ Work _____ Cell _____
Email _____ Ok to email financial information? • Yes • No

Parent(s) or Guardian(s) at Different Address, Responsible for Childcare Payment

Full Name(s) _____ Relationship to Camper _____
Address _____ City _____ State _____ Zip _____
Employer _____ Occupation _____
Phone Numbers: Home _____ Work _____ Cell _____
Email _____ Ok to email financial information? • Yes • No

Financial Data and Family Circumstances

- At school, does your child receive free lunch? • Yes • No; reduced lunch? • Yes • No
Does your household receive food stamps? • Yes • No; TANF? • Yes • No
- IMPORTANT** - You must make a strong case for needing assistance (campership funds are limited). Please tell us about any unusual family or personal circumstances you think will be helpful for us in making a decision regarding your request. Please write on and attach a separate sheet of paper.

Please be sure to complete BOTH Pages!

3. MUST BE COMPLETED - Please Include ALL Household Members' Monthly Income

Parents/Guardians at camper's permanent address:

Parents/Guardians at different address:

Gross Wages	\$ _____	Pensions	\$ _____	Gross Wages	\$ _____	Pensions	\$ _____
Social Security	\$ _____	Unemployment	\$ _____	Social Security	\$ _____	Unemployment	\$ _____
Child Support	\$ _____	AFDC, Alimony	\$ _____	Child Support	\$ _____	AFDC, Alimony	\$ _____
Workman's		Public		Workman's		Public	
Comp	\$ _____	Assistance	\$ _____	Comp	\$ _____	Assistance	\$ _____

Total Monthly Household Income \$ _____

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Campers' Names and Financial Assistance Needed

Name _____ # of Weeks Attending Camp Beech Cliff _____ (a)

Name _____ # of Weeks Attending Camp Beech Cliff _____ (b)

Name _____ # of Weeks Attending Camp Beech Cliff _____ (c)

Name _____ # of Weeks Attending Camp Beech Cliff _____ (d)

Total Camper Weeks: _____ (a + b + c + d)

WEEKLY AMOUNT YOU CAN PAY PER CHILD: \$ _____

REQUIRED: Please send a copy of your last year's complete tax return, including all schedules. This is the return which is/was due in April of this year.**Your application can not be processed without this information.**

I certify that all of the above information is true and correct, and that all income is reported.

Parent/Guardian Responsible for Payment: Name (please print) _____

Signature: _____ Date _____

Mail as soon as possible to: Camp Beech Cliff, PO Box 381, Mt. Desert, ME 04660**NOTE: Most campships will be awarded by approximately one month prior to the start of camp.****FOR CAMP BEECH CLIFF OFFICE USE ONLY**

TOTAL CAMP FEES: \$ _____

TOTAL OVERNIGHT FEES: \$ _____

TOTAL PROGRAM COST: \$ _____

PARENT'S TOTAL CONTRIBUTION: \$ _____

TOTAL CAMPSHIP AMOUNT APPROVED: \$ _____

Parent Weekly Cost per ChildWeekly Campership Per Child

First child \$ _____

First child \$ _____

Add'l child \$ _____

Add'l child \$ _____

Please be sure to complete BOTH Pages!