

CAMPERSHIP APPLICATION FORM

ECHOING HILLS VILLAGE, INC.

36272 CR 79 – Warsaw, Ohio 43844

Phone: 740.327.2311

Fax: 740.327.6371

Camperships are awarded according to need. In order to be eligible for a Campership, the following guidelines must be met:

1. Fair consideration is given to all requests upon accurate completion of this form. Information withheld may result in refusal of aid.
2. Camp Application including required deposit **MUST** be received before consideration will be given to the Campership request.
3. Please request no more than the amount you need. Funds are limited, and many more people need assistance than we may be able to grant.

INDIVIDUAL PROFILE:

Name: _____ Sex: _____ Age: _____

Address: _____
Street City State Zip Code

Individual's Disability(ies) _____

Is there sight or hearing impairment? Yes / No? Camp Dates Registered: _____

Where does the individual live? At home? _____ Other: _____

Does Individual have to pay their own way? _____

Is the individual receiving services from their County Board? Yes ____ No ____ Unsure ____

Has the individual ever received financial assistance from Echoing Hills Village, Inc. before? _____

If so, when, for what purpose, and for how much? _____

FINANCIAL PROFILE:

Is the caretaker of this individual receiving any type of state or federal assistance for either the family or individual? Yes ____ No ____ Explain: _____

Is applicant in Foster Care? Yes ____ No ____

Is applicant in a Group Home? Yes ____ No ____ Name of Facility: _____

Other type of placement? Yes ____ No ____ Explain: _____

Is the individual being sponsored at any other camp, trip, or event this year? Yes ____ No ____

Explain: _____

How much assistance is being requested? _____

FOR USE BY AID COMMITTEE ONLY:

Aid Approved ____ Aid Denied ____ Comments: _____

Aid Approved By _____ Amount Approved _____ Initialed By: _____

