



## 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: \_\_\_\_\_

**INFORMATION REGARDING HOUSEHOLD:**

Please list the number of family members, and the ages of the dependent children in the family:  
(Place an “H” beside the family member(s) with handicap or disability)

Total Number of Family Members \_\_\_\_\_

Ages of Dependent Children in the Family: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please circle the family size and check the category below that fits your total household status:  
(This includes all related or unrelated persons who live in your home and share living expenses or eat meals. It also includes the disabled adult who is over 18 years of age, as long as they are living under your roof.)

Family Size:    1        2        3        4        5        6        7        8        more

Total Family Yearly Income:      less than \$9,999      \_\_\_\_\_  
    \$10,000 - \$14,999      \_\_\_\_\_  
    \$15,000 - \$24,999      \_\_\_\_\_  
    \$25,000 - \$34,999      \_\_\_\_\_  
    \$35,000 - \$49,999      \_\_\_\_\_  
    other amount:      \_\_\_\_\_

Please state any extenuating circumstance that justifies the need of the applicant for aid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION:**

Please consider contacting a local service club in your area. Many service clubs prefer to help families directly. Service clubs you can reach out to are Lions Clubs, Rotary, Elks... etc.

Have you contacted anyone for Financial Assistance this year? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

**PERSON FILLING OUT THIS FORM:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_