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. The application fee is not covered by any campership funds.

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. Adults 18+ may only apply for 50% of the camp fee.

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: ____________________________