

Camp Tannadoonah Campership Application

All information reported on this form is confidential. Please return all applications no later than April 30th. Complete all information (please print). If application is incomplete, it will be returned and your request for campership funding may be delayed. **All applications must be accompanied by a letter of recommendation from a non-relative, indicating why the camper should be considered for campership funding.** Completed forms and recommendation letters should be sent to:

Camp Director
Camp Tannadoonah
905 E. Jefferson Blvd., Suite D
Mishawaka, IN 46545

Camper's Name _____ Age _____ Grade in Fall _____

Address _____ Phone _____

City _____ State _____ Zip _____ School _____

Does your child attend a South Bend Community School Corporation School?* Yes _____ No _____

* Note: A special Tannadoonah Campership Fund has been established at the Community Foundation of St. Joseph County to provide financial assistance on behalf of South Bend Community School Corporation students who wish to attend Camp Tannadoonah on Birch Lake. If your child does not attend a SBCSC school, that does not mean he/she is ineligible for campership funding; rather, he/she cannot be granted funding from that particular source.

Does your family qualify for your school district's free or reduced lunch program? Yes _____ No _____

List any other family members applying for financial assistance: _____

Has this camper ever attend Camp Tannadoonah before? Resident Camp: Yes _____ No _____

Day Camp: Yes _____ No _____

Mini Camp: Yes _____ No _____

Spring/Fall Camp: Yes _____ No _____

Has the applicant received financial aid from Camp Tannadoonah before? Yes _____ No _____

If yes, please state when: _____

Preferred Camp Program:

	Resident or Day Camp?	Dates	Fee
1 st Choice:	_____	_____	_____
2 nd Choice:	_____	_____	_____
3 rd Choice:	_____	_____	_____

Family Information

Parent / Guardian's Name(s) _____

Parent / Guardian's Occupation(s) _____

Total # of Children living in the home _____ Age(s) _____

Applicant lives with: _____ Both Parents _____ One parent _____ Other Guardian

Total annual household Income from all sources (salary, wages, tips, alimony, child support, social security, disability, public assistance, etc.) (check one).

_____ Below \$9,000 _____ \$9,000-24,999 _____ \$25,000-39,999 _____ \$40,000-49,999 _____ \$50,000+

Total amount your family can contribute for this camper's attendance: _____

Amount of grant aid requested from Camp _____

Please indicate the reasons why this camper needs financial assistance (e.g., unemployment, medical bills, elderly dependents, financial obligations, etc.). Please explain briefly.

How will this camper benefit from the camp experience?

You will be notified of the amount of the grant (if awarded) by mail or by phone no later than May 15th.