

Camp Tannadoonah Campership Application

IMPORTANT: All applications **MUST** be accompanied by a letter of recommendation from a **non relative**, indicating why the camper should be considered for campership funding. **All fields on this form must be completed in order for our committee to consider your application.** If your application is incomplete, or is not accompanied by a letter of recommendation, your request for campership funding will be delayed until it is completed. All information on this form is confidential. Applications will be reviewed on a rolling basis, beginning after March 1st. We will continue to accept applications as long as funds are available.

Camper's who have received campership funding in the past are only eligible for funding up to 50% of the cost of camp in subsequent summers (except under exceptional circumstances).

Please do not register for camp until you have received notification of campership funding. If you register before receiving notification of funding, any payments you have already made will not be refunded.

Please send all applications and letters of recommendation to:

Camp Tannadoonah
PO Box 459
Notre Dame, IN 46556

Camper Name _____ Birth Date ____/____/____ Grade in Fall 2024 _____

Address _____ School attended in 2023/2024 _____

City _____ State _____ Zip _____ Phone _____

Parent(s) / Guardian(s) Name(s) _____

Email Address _____

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

*Note: A special Scholarship fund has been established at the Community Foundation of St. Joseph County to provide financial assistance for students who attend SBCSC students who wish to attend Camp Tannadoonah. If your child does not attend an SBCSC school, that does not mean that he/she is ineligible for scholarship funding, just that we cannot grant funding from this particular source.

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

Please list any other family members applying for financial assistance _____

Has this camper ever received financial aid from Camp Tannadoonah before? Yes _____ No _____

If yes, please indicate when _____

In general, campership funds for 2024 will be awarded for **Session 1 or Session 2 only**. If your camper is not able to attend one of these sessions, please contact us at info@tannadoonah.org and we will try to accommodate.

Session Preference:

Session 1 (June 9 – 15) _____

Session 2 (June 16 – 22) _____

Family Information

Parent(s) / Guardian(s) Occupation(s) _____

Total # of Children Living in the Home _____ Ages _____

Applicant lives with _____ Both Parents _____ One Parent _____ Other Guardian(s)

In the chart below, find the column with the TOTAL number of people living in your household. Below that number, mark your family income. This data is used for reporting purposes only. This should represent your total annual household income from ALL sources (including salary, wages, tips, alimony, child support, social security, disability, public assistance, etc.)

2 people	3 people	4 people	5 people
<input type="checkbox"/> \$0 - \$19,720	<input type="checkbox"/> \$0 - \$24,860	<input type="checkbox"/> \$0 - \$30,000	<input type="checkbox"/> \$0 - \$35,140
<input type="checkbox"/> \$19,721 - \$25,636	<input type="checkbox"/> \$24,861 - \$32,318	<input type="checkbox"/> \$30,001 - \$39,000	<input type="checkbox"/> \$35,141 - \$45,682
<input type="checkbox"/> \$25,637 - \$36,482	<input type="checkbox"/> \$32,319 - \$45,991	<input type="checkbox"/> \$39,001 - \$55,500	<input type="checkbox"/> \$45,683 - \$65,009
<input type="checkbox"/> \$36,483 and up	<input type="checkbox"/> \$45,992 and up	<input type="checkbox"/> \$55,501 and up	<input type="checkbox"/> \$65,010 and up
6 people	7 people	8 people or more	
<input type="checkbox"/> \$0 - \$40,280	<input type="checkbox"/> \$0 - \$45,420	<input type="checkbox"/> \$0 - \$50,560	
<input type="checkbox"/> \$40,281 - \$52,364	<input type="checkbox"/> \$45,421 - \$59,046	<input type="checkbox"/> \$50,561 - \$65,728	
<input type="checkbox"/> \$52,365 - \$74,518	<input type="checkbox"/> \$59,047 - \$84,027	<input type="checkbox"/> \$65,729 - \$93,536	
<input type="checkbox"/> \$74,519 and up	<input type="checkbox"/> \$84,028 and up	<input type="checkbox"/> \$93,537 and up	

Amount your family can contribute for this camper's attendance: \$ _____

(You MUST provide a dollar amount here. If you leave this question blank we will not process your application)

Please explain briefly the reasons why you need financial assistance for this camper to attend camp (e.g., unemployment, medical bills, elderly dependents, financial obligations, etc.).

How will this camper benefit from the camp experience?

You will be notified of the amount of the grant (if awarded) by email or by phone. **Please do not register your camper for camp until you have received notification of campership funding. If you register before you receive notification of the campership award, any payments you have already made will not be refunded.**