



## 2025 Campership Application Information For HopeWood Outdoors Sponsored Family Programs

Through the generosity of our donors, HopeWood Outdoors can provide a limited number of camperships to people in financial need. Camperships are available to people based on the United States poverty guidelines outlined below. To help as many people as possible, each person is eligible for one campership during the summer and for one sponsored retreat at any of the HopeWood Outdoors camps.

### Financial Eligibility

Household Size	Federal Poverty Guidelines	You are eligible for a campership up to 50% of the camp fee (200% of poverty level)	You are eligible for a campership up to 80% of the camp fee (150% of poverty level)
Number of Members	Annual Income	Annual Household Income	Annual Household Income
1	\$15,650	\$31,300	\$23,475
2	\$21,150	\$42,300	\$31,725
3	\$26,650	\$53,300	\$39,975
4	\$32,150	\$64,300	\$48,225
5	\$37,650	\$75,300	\$56,475
6	\$43,150	\$86,300	\$64,725
7	\$48,650	\$97,300	\$72,975
8	\$54,150	\$108,300	\$81,225

### Steps to Apply for Financial Assistance:

1. Contact your pastor or social worker to determine if the congregation or agency can provide financial assistance.
2. Complete and return the **Campership Application** a minimum of two weeks prior to the start date of the camp program you are planning to attend.
  - a. Send to **HopeWood Outdoors' Guest Relations Manager, 2790 State Route 61, Marengo, OH 43334** or [guestrelations@hopewoodoutdoors.org](mailto:guestrelations@hopewoodoutdoors.org)
  - b. The application must be signed by the parent or legal guardian.
  - c. The application must be signed by the pastor or social service agency contact.
  - d. Include first AND second choice of camp program dates.
  - e. **Applications will NOT be processed that are not fully complete or arrive less than two weeks prior to the program date you are planning to attend.**
3. We will determine eligibility once we receive your application. You will be notified by email, informing you of the amount of HopeWood Outdoors campership assistance and the availability of your preferred camp program dates.
4. You will be given a CODE to **register online**. The code will reduce camp fees by the amount of the campership awarded.
5. During online registration, you will need to submit a **minimum deposit of 20% of the camp fee**.
6. If additional payment is required, fees must be paid in full a minimum of one week prior to the date you will be attending camp.

# 2025 Summer Campership Application: Sponsored Family Programs



Submit this form for approval PRIOR to registering online and a minimum of two weeks prior to the start date of the camp program you are planning to attend.

We encourage you to speak to your pastor or social service agency about funds that might be available. The campership application must be signed by your Pastor or social service agency contact, even if they are not providing financial assistance, indicating that to the best of their knowledge the information you provided is accurate.

## Person Filling out this form (an adult attending the program):

First & Last Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address (or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of People in your Family who will be attending camp: \_\_\_\_\_

## Desired Camp Session - your application must be received 2 weeks prior to the start date of your camp program:

1<sup>st</sup> Choice: Program Name \_\_\_\_\_ Camp \_\_\_\_\_ Date(s) \_\_\_\_\_

2<sup>nd</sup> Choice: Program Name \_\_\_\_\_ Camp \_\_\_\_\_ Date(s) \_\_\_\_\_

## Campership Request and Eligibility Information Based on Poverty Guidelines:

Annual Household Income: \_\_\_\_\_ Number of Persons in Household: \_\_\_\_\_

According to the poverty guidelines on the prior page, our family is eligible for a campership up to \_\_\_\_\_% of the camp fee.

Our family will pay \$ \_\_\_\_\_ (minimum of 20% of fee). Our church or agency will pay \$ \_\_\_\_\_.

## Please complete EITHER the church or social service section below

### Church Sponsorship

ELCA \_\_\_ Other Denomination \_\_\_\_\_ Our congregation will pay \$ \_\_\_\_\_.

Church name/address/phone number/Email \_\_\_\_\_

To the best of my knowledge the information provided is accurate and the family needs financial assistance.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

OR

### Social Service Agency Sponsorship

Our agency will pay \$ \_\_\_\_\_.

Agency name/address/phone number/Email \_\_\_\_\_

To the best of my knowledge the information provided is accurate and the family needs financial assistance.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature Required of Parent/Legal Guardian Completing Application: \_\_\_\_\_ Date \_\_\_\_\_