



# THE COMMUNITY FOUNDATION

## Algonquin Campership Award

### 2022 APPLICATION FOR INDIVIDUAL FINANCIAL ASSISTANCE

**Submission Deadline: December 1, 2021; February 1, 2022; and April 1, 2022**

**Include with this application:**

1. Copy of the child's enrollment application form to a camp in Algonquin Park. (i.e., confirmation of application and acceptance)
2. Copy of pages 1 and 2 of the custodial parent/guardian's **most recent federal income tax return** (i.e., 2021 or 2022)
3. Copy of Camp Invoice (*not registration form*)
4. Completed Financial Need Statement (page 5)
5. Youth submission (letter, drawing, music, etc.; page 6).
6. Letter of recommendation from a teacher describing how the child would benefit from going to a wilderness camp and what the child would contribute to the camp. (page 7)
7. Letter of recommendation describing how the child would benefit from going to a wilderness camp and what the child would contribute to the camp. (page 8)
  - **New Campers:** Letter of recommendation from any adult (guidance counselor, neighbor, aunt/uncle, camp alumni, etc.) describing how the child would benefit from going to a wilderness camp and what the child would contribute to the camp.
  - **Returning Campers:** Letter of recommendation from a camp alumnus/alumna or staff person describing how the child would benefit from going to a wilderness camp and what the child would contribute to the camp.

Submit completed application to The Community Foundation, 500 East Avenue, Rochester, NY 14607

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Year (*only*): \_\_\_\_\_

Gender: ☐ MALE ☐ FEMALE

Parent/Guardian's Name(s): \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Child's School \_\_\_\_\_ Child's Current Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

If elementary, name of teacher: \_\_\_\_\_

If middle school, name of home room teacher: \_\_\_\_\_

and name of advisor: \_\_\_\_\_



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### CAMP INFORMATION

(be sure to attach a copy of your Camp Invoice)

Applicant's Name: \_\_\_\_\_

Camp Name: \_\_\_\_\_

Camp Session Length: ☐ Full Season ☐ Half Season  
☐ 2 weeks (Pathfinder) or 3.5 weeks (Northway)  
☐ 1 week session for younger/introductory campers

Will you be an Activity Assistant this season ☐ YES ☐ NO

Please complete the financial information below to help determine the total request to the Algonquin Campership Fund.

Camp Registration Fees \$ \_\_\_\_\_  
(camp registration fees only, no other expenses)

Activity Assistant Fees + \$ \_\_\_\_\_

**Total Amount of Fees** = \$ \_\_\_\_\_  
(add fees above)

Camp Deposit + \$ \_\_\_\_\_

Additional Parental Contributions + \$ \_\_\_\_\_

Other Financial Aid + \$ \_\_\_\_\_

**Total Amount Parent(s) Contribution and Financial Aid** = \$ \_\_\_\_\_  
(add parent contributions and other aid above)

**Total Request** \$ \_\_\_\_\_  
(Total amount of fees minus total parent contributions and aid)

Additional comments: \_\_\_\_\_

☐ I certify to the Algonquin Campership Fund that the financial information provided above it is true and accurate and understand that any misinformation will disqualify my family from this and future awards.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For questions regarding the scholarship, application process, Camp Information Form, or Financial Need Statement, please contact the Scholarship Associate, at [Scholarships@racf.org](mailto:Scholarships@racf.org). Thank you.



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### CAMP INFORMATION

(be sure to attach a copy of your Camp Invoice)

Applicant's Name: \_\_\_\_\_

Camp Name: \_\_\_\_\_

Camp Session Length: ☐ Full Season ☐ Half Season  
☐ 2 weeks (Pathfinder) or 3.5 weeks (Northway)  
☐ 1 week session for younger/introductory campers

Will you be an Activity Assistant this season ☐ YES ☐ NO

Please complete the financial information below to help determine the total request to the Algonquin Campership Fund.

Camp Fees		Parent Contributions and Aid	
Camp Registration Fees <small>(camp registration fees only, no other expenses)</small>	\$ _____	Camp Deposit	\$ _____
Activity Assistant Fees	\$ _____	Additional Parental Contributions	\$ _____
Other Fees	\$ _____	Other Financial Aid	\$ _____
<b>Total Fees</b> <small>(add fees above)</small>	\$ _____	<b>Total Parent Contribution and Financial Aid</b> <small>(add parent contributions and other aid above)</small>	\$ _____
<b>Total Request \$ _____</b> <i>The Total Request is equal to the Total Fees minus the Total Parent Contributions and Financial Aid.</i>			

Additional comments: \_\_\_\_\_

☐ I certify to the Algonquin Campership Fund that the financial information provided above it is true and accurate and understand that any misinformation will disqualify my family from this and future awards.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For questions regarding the scholarship, application process, Camp Information Form, or Financial Need Statement, please contact the Scholarship Associate, at [Scholarships@racf.org](mailto:Scholarships@racf.org). Thank you.

Please list all persons, including parents or guardian, who live in the same house as the child seeking aid:

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Does the child seeking aid have a disability? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do any other persons listed above have a disability? ☐ Yes ☐ No

If yes, please list the person(s) and describe their disability below:

Name: \_\_\_\_\_ Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Disability: \_\_\_\_\_

Do any of the persons listed above attend college? ☐ Yes ☐ No

If yes, please name the person(s) and the college(s):

Name: \_\_\_\_\_ College: \_\_\_\_\_

Name: \_\_\_\_\_ College: \_\_\_\_\_

Are any of the children listed above, aside from the child seeking aid, attending an overnight camp this summer? ☐ Yes ☐ No

If yes, please name the child, the camp, and the length of stay at the camp:

Name: \_\_\_\_\_ Camp: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Name: \_\_\_\_\_ Camp: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Are the child's parents or guardians separated or divorced? ☐ Yes ☐ No

If yes, is one parent/guardian responsible for paying the other child support? ☐ Yes ☐ No

If yes, please name the parent receiving child support: \_\_\_\_\_

The amount of the payment is \$ \_\_\_\_\_

The frequency of payment is: ☐ Monthly ☐ Bi-weekly ☐ Weekly ☐ Other  
(every two weeks)

Are the payments made regularly? ☐ Yes ☐ No

If no, please explain the amount the parent/guardian is actually paying for child support and when the payments are made: \_\_\_\_\_

Is a parent of the child seeking aid deceased? ☐ Yes ☐ No

If yes, please provide the parent's name and date of death:

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Is a parent or guardian of the child in poor physical health? ☐ Yes ☐ No

If yes, please name the person(s) and describe the illness:

Name: \_\_\_\_\_ Illness: \_\_\_\_\_

Name: \_\_\_\_\_ Illness: \_\_\_\_\_

Are there other stresses in the life of the child seeking aid which the committee should consider when it makes its decision? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

I have read this application and certify to the Algonquin Campership Fund that the information provided is true and accurate. Also, I certify to the Algonquin Campership Fund that the documents submitted with the application are true and accurate.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### Financial Need Statement

<b>Household Income Guidelines for Scholarship Eligibility</b>							
Maximum annual household income to qualify for an ACF camper scholarship							
Household Size	2	3	4	5	6	7	8
Annual Income Limits	\$58,202	\$73,224	\$88,246	\$103,268	\$118,290	\$133,312	\$148,334
Special Situation Income Limits	110,000	110,000	110,000	110,000	\$118,290	\$133,312	\$148,334
Individuals with extenuating circumstances should contact the Scholarship Associate <a href="mailto:scholarships@racf.org">scholarships@racf.org</a>							

Applicant's Name: \_\_\_\_\_

Parent/Guardian #1 total income \$ \_\_\_\_\_  
(from pages 1 and 2 of the federal income tax return:  
1040 form line 22, 1040A form line 15)

Parent/Guardian #2 total income \$ \_\_\_\_\_  
(from pages 1 and 2 of the federal income tax return:  
1040 form line 22, 1040A form line 15)

Other Sources of Household Income:  
(list social service payments, child support, combat pay  
and other sources of income)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**Total Income** \$ \_\_\_\_\_

Comments: \_\_\_\_\_

☐ I certify to the Algonquin Campership Fund that the financial information provided above it is true and accurate and understand that any misinformation will disqualify my family from this and future awards.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For questions regarding the scholarship, application process, or Financial Need Statement, please contact the Scholarship Associate, at [Scholarships@racf.org](mailto:scholarships@racf.org). Thank you.

### STUDENT SUBMISSION

**Instructions:** In the space below, on a separate sheet of paper, or through a different medium, submit a letter, drawing, video, music, etc. that reveals your interests or ambitions. Youth who have attended camp may also share about what camp has done for and meant to them.

Applicant name: \_\_\_\_\_

**TEACHER REFERENCE**

**INSTRUCTIONS:** The student named below is applying for the **Algonquin Campership Award** at the Community Foundation. Your evaluation is required as part of the application process. Please return the completed form to the student for submission. Your cooperation in providing this information is important to the selection of award recipients.

In the space provided below or on a separate sheet, please describing how the child would benefit from going to a wilderness camp and what the child would contribute to the camp. *(Not to exceed one page.)*

Applicant name: \_\_\_\_\_ Evaluator's name: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_ In what capacity: \_\_\_\_\_



**PERSON REFERENCE**

A letter of recommendation describing how the child would benefit  
from going to a wilderness camp and what the child would contribute to the camp from:

**New Campers:** Any adult except teacher (guidance counselor, neighbor, aunt/uncle, camp alumni, etc.)

**Returning Campers:** A camp alumnus/alumna or staff person

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**INSTRUCTIONS:** The student named below is applying for the **Algonquin Campership Award** at the Community Foundation. Your evaluation is required as part of the application process. Please return the completed form to the student for submission. Your cooperation in providing this information is important to the selection of award recipients.

In the space provided below or on a separate sheet, please describing how the child would benefit from going to a wilderness camp and what the child would contribute to the camp. *(Not to exceed one page.)*

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Applicant name: \_\_\_\_\_ Evaluator's name: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_ In what capacity: \_\_\_\_\_