

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

1. _____
Name Age Relationship

2. _____
Name Age Relationship

3. _____
Name Age Relationship

4. _____
Name Age Relationship

5. _____
Name Age Relationship

6. _____
Name Age Relationship

Are any of the persons listed above disabled? Yes No

If so, please name the person(s) and describe his or her disability:

Name Disability

Name Disability

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

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

Name College

Name College

Will any of the children listed above, besides the child seeking aid, attend an overnight camp this summer? Yes No

If so, please name the child, the camp, and the length of stay at the camp?

Name Camp Length of stay

Name Camp Length of stay

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

If so, please provide name and date of death: _____

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

If so, please identify the person and describe illness:

Are there other stresses in the life of the child seeking aid which the committee should consider when it makes its decision? If so, please describe:

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

Date: _____

Signature of Parent or Guardian _____

In addition to the application form, the following must be submitted:

- ⌚ Copy of the child's application to a camp in Algonquin Park.
- ⌚ Copy of the custodial parent's **2011** federal income tax return (pages 1 and 2). **See page 4 for Household Income Guidelines for Scholarship Eligibility.**
- ⌚ 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.
- ⌚ Submission from the child that reveals his or her interests or ambitions (letter, drawing, music, etc...).
- ⌚ Letter of recommendation from an alumnus or staff person of the camp addressing the same points as the teacher letter of recommendation – *if the child has not previously attended camp in Algonquin Park.*

Application and supporting documents must be submitted by April 1 to:

Michael Sladden
35 Park Lane
Rochester, NY 14625
(585) 249-0716

Algonquin Campership Award

Household Income Guidelines for Scholarship Eligibility Algonquin Campership Fund, Year 2012

Maximum annual gross household income to qualify for an ACF camper scholarship

Household Size	Annual Income
1	\$40,294
2	\$54,428
3	\$68,562
4	\$82,696
5	\$96,830
6	\$110,964
7	\$125,098
8	\$139,232

Families with annual household incomes exceeding the above limits may still be eligible for scholarship support due to special circumstances, at the discretion of the ACF steering committee.

For more information, please contact Mike Sladden, director Camp Pathfinder
redcanoes@att.net / 585-249-0716.