



Camp Killoqua

Campship Application

4312 Rucker Avenue Everett, Washington 98203

Funds are available for **Snohomish County youth** who need assistance to participate in summer programs offered at Camp Killoqua. Completed applications will be reviewed in the order that they are received. Be sure to completely fill out this form and attach a camp registration form. All information will be confidential. Program applying for: Resident Camp Day Camp (GENERAL SESSION ONLY) Names of Applicants: 1. ______ Age: _____ Grade in Fall: _____ _____Phone:_____ Address: _____ Email:_____ School: Camp Fire USA Member: \square Yes \square No 2. ______ Age: _____ Grade in Fall: _____ School: _____ Camp Fire Member: \(\begin{aligned} \text{Yes} \equiv \text{No} \\ \text{No} \end{aligned} 3. ______ Age: _____ Grade in Fall: _____ School: _____ Camp Fire Member: \square Yes \square No Guardian 1 Name: Guardian 2 Name: Relationship: Relationship: Occupation: Occupation: Employer: Employer: Single Head of Household: \(\begin{aligned}
\text{Yes} \\ \begin{aligned}
\text{No}
\end{aligned} Are you receiving Public Assistance? \(\begin{aligned} \text{Yes} \\ \begin{aligned} \text{No} \\ \end{aligned} If yes, which type: \square Social Security \square Medical \square Food Stamps \square General Assistance Child Support: \$ (Monthly Amount) Monthly Income: \$______ (Prior to deductions)

Camp Fire Snohomish County

Family Income: \$\begin{align*} \$0 \$18,55 \\ \$18,551 - 2 \\ \$21,201 - 20 \end{align*}	0	6,451 – 28,600	\$32,801 - 3 \$34,951 - 3 \$39,101 - 4	39,100	Over \$4	-	\$
	·	•	come taxes, insu are payments, pe	-			
Number Suppor	ted. Enter the	total number of t	the below groups	supported	d by the ir	come listed	above.
Children:		Adults:		Handica	pped:		
Has your family	received finar	icial assistance ii	n the past: \(\begin{array}{c} \text{Ye} \\ \end{array}	es 🗆 No			
How much wou	ld you be able	to contribute tow	vard the fee per c	hild:			
\$35.00	\$50.00	\$75.00	\$100.00	\$150	.00	\$200.00	□ \$
Please indicate	any factors that	explain your ne	ed for financial a	ssistance:			
prior year's fee	deral income t	ax 1040 return a	ation of your far and current mo SI Award Letter	nth pay st			ch can be the te agency award
representatives	of the agency to g us to provide	o periodically rev to eligible client	required by agen view case files in ele. I certify that	order to v	verify that	we are prov	riding the services
Signature of Pa	rent/Legal Gua	 ırdian			Date	-	

Camp Fire Snohomish County

The following information is needed by Snohomish County and the city of Everett who provide HUD funding for the campship program. Please fill out one form for each child, if you have more than two children applying for financial aid, please request an additional form.

ETHNICITY/RACE		
ETHNIGITT/RAGE		* Ethnicity
	Race	Hispanic or Latino
American Indian or Alaskan Native I person having origins in any of the original "Peoples" of the North or South America (including Central Innerica) and who maintains tribal affiliation or community attachment.		
Asian Drigins in any of the original peoples of the Far East. Southeast Asia, or the Indian sub-continent, for sxample, Camboda, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thakland, and Vistnand.		
Black or African American Prigins in any of the Black Radal groups of Africa.		
Native Hawaiian or Other Pacific Islander		
Origins in any Original Peoples of Hawaii, Guarre, Samoa, or other Pacific Islands.	10	
White Origins In any of the Originst Peoples of Europe, Middle East, or North Africa. American Indian or Alaskan Native and White		1
Asian and White		
Black or African American and White		
American Indian or Alaskan Native and Black or African American		
Black or African American and White		
* Explanation: Hispanic or Latino is a person of Cuban, Mexican, Puerto Rican, South or or origin, regardless of race.	Central America	n or other Spanish Cu
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