



Application for Campership Aid

Mail this completed form to:

Wisconsin Badger Camp
PO Box 723
Platteville, WI 53818

Please complete both sides of this application and mail or email (wiscbadgercamp@centurytel.net) the form—Please allow 4-6 weeks for processing Campership Aid Requests. Confirmations will be sent as requests are processed.

CONTACT INFORMATION:

Camper's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Person filling out this form: _____ Phone (_____) _____

Agency/Caregiver's Name (if applicable): _____ Phone:(_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian's Name: _____ Phone:(_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian Email Address: _____

CAMPERSHIP AID INFORMATION:

HOW MUCH CAMPERSHIP AID ARE YOU APPLYING FOR? \$ _____

- I am able to pay the full camp fee and no longer need financial assistance.
- I will make a payment of \$ _____ I need financial assistance of \$ _____.
- I am not able to make any payments and need the full requested financial assistance.

FINANCIAL INFORMATION:

Total Annual Gross Income of the camper (wages, S.S.I., Veteran's Benefits, Estates, Trusts, Bank Accounts, Savings Accounts, etc.): \$ _____

Is the Department of Social Services responsible for any of the camper's care or maintenance? Yes _____ No _____

If yes, Name of Social Worker: _____ Phone:(_____) _____
Address: _____ City: _____ State: _____ Zip: _____

Have you requested assistance from the Department of Social Services? Yes _____ No _____

If living in home with Parent/Legal Guardian:

Total Annual Gross Income of Parent/Guardian:\$ _____ Number of dependents living in home: _____

List the ages of each child under 18 years of age in the parent/guardian's care: _____

List the ages of each adult 18 years of age or older in the parent/guardian's care: _____



(OVER)

Please list below any organizations in your area that we may contact to help raise funds to send people to camp (ie. Church, civic, social service, fraternal):

May we use the camper's name to contact agencies for obtaining campership funding? Yes_____ No_____

Please fill out completely so we can process your request!

1. Name of Organization: _____
Contact Person: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone:(_____) _____

2. Name of Organization: _____
Contact Person: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone:(_____) _____

3. Name of Organization: _____
Contact Person: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone:(_____) _____

Signature: _____ Date: _____

Absolutely no one will be denied attendance at Wisconsin Badger Camp, Inc. because of race, religion, creed, national origin, sex, age, or handicap.

Questions? Contact Us! We are happy to talk to you about camp!

Before June 1st—Wisconsin Badger Camp
P.O. Box 723
Platteville, WI 53818
Phone: (608) 348-9689

After June 1st—Wisconsin Badger Camp
11815 Munz Lane
Prairie du Chien, WI 53821
Phone: (608) 988-4558

Email: wiscbadgercamp@centurytel.net Website: www.BadgerCamp.org