



## 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 return to the address above. You can also email the form to [Wiscbadgercamp@badgercamp.org](mailto:Wiscbadgercamp@badgercamp.org) - 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 payments of \$ \_\_\_\_\_ per month until I attend camp. The total amount of my monthly payments are \$ \_\_\_\_\_. I need financial assistance of \$ \_\_\_\_\_.
- ☐ I am not able to make monthly payments and need the 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](mailto:wiscbadgercamp@centurytel.net)

Website: [www.BadgerCamp.org](http://www.BadgerCamp.org)