

Camp Ho Mita Koda Campership Application



Camp Ho Mita Koda Foundation believes that every child who desires a place at camp should be able to attend – regardless of a family’s financial situation. With the help of generous donors, we are thrilled to be able to provide a limited number of need-based camperships each summer.

Please read through the campership application in its entirety prior to submission. We look forward to welcoming as many families as possible to Camp Ho Mita Koda this season!

Campership Guidelines

- I have read the Objective Standards for Campership Eligibility and can verify that the applicant meets the eligibility requirements. <https://www.camphomitakoda.org/financial-assistance/>.
- I understand that Camperships will be awarded based on need on a first come, first served basis, and viewed/awarded in the order of receipt to Camp Ho Mita Koda Foundation.
- I understand that Campership awards are based on 2020 Federal Poverty Levels and the number and value of scholarships awarded is determined by available funding.
- I understand that the submittal of this application is not a guarantee for an award.
- I understand that any misrepresentation or false statement of financials/need, may result in disqualification and/or termination of an award.
- I understand that the Campership application must include income verification; a copy of the first page of the 2020 Federal Tax Return is required. Applications without income verification will be considered incomplete and will not be processed. I understand that additional income verification documents, such as recent pay stubs, may be requested to verify income.
- I understand that the Campership award is only applied to the camp fee. Camperships are not eligible to be applied to camp add-ons such as donations or to the camp store account. The award has no “cash value”.
- If awarded financial assistance/campership, I understand that my child must submit a thank you letter to Camp Ho Mita Koda Foundation within 30 days of completing the assigned summer session.
- If selected for an award, I understand that there is a 30-day expiration date and that I must fully enroll and complete *all required paperwork* on my online account or the award is no longer valid.
- If selected for an award in which a balance is due on my account (partial award), I understand that the remainder of the balance must be paid off in full no later than June 1st of the program year. Failure to submit payment on the remaining balance may result in the termination of award.

I certify that I understand all of the above information, and if awarded a campership, will abide by the rules and regulations of the Camp Ho Mita Koda Foundation Financial Assistance program.

Signature of Parent/Guardian: _____ Date: _____

I. Camper Information

Name of Camper _____	Date of Birth ____/____/____		
Age _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade (as of upcoming fall) _____	Date of Diagnosis _____
Address _____			
City _____	State _____	Zip _____	Phone number (____) _____
First Session Choice _____	Second Session Choice _____		

II. Family Information

Child lives with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other _____	Please specify
Number of children under age 18 (including camper) living in the home _____	
Number adults living in the home _____	
Name of First Parent/Guardian with whom camper lives _____	Relation _____
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Email _____
Name of Second Parent/Guardian with whom camper lives _____	Relation _____
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Email _____

II. Financial Information: Income verifications required; please attach copy of your tax return to this form.

Total Annual Household Income:
Annual gross income from father/guardian's employment (before taxes) \$ _____
Annual gross income from mother/guardian's employment (before taxes) \$ _____
TOTAL GROSS ANNUAL INCOME \$ _____

I certify that the information and responses are true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

CAMP HO MITA KODA FOUNDATION CAMPERSHIP ESSAY QUESTIONS

This section must be filled out by the **camper** in order to make the application complete. Please print or write legibly. Attach your answers on a separate piece of paper if you need more space. If the applicant is young, drawings will be accepted in place of a written statement.

Why CHMK? What are you hoping to gain from an experience at Camp Ho Mita Koda?

Describe your personal journey with Type 1 Diabetes Management? What do you hope to improve upon?

Why do you feel that you should be selected for a campership?

For the Parent/Guardian

We want to understand your request for aid. If the info above does not accurately reflect your financial situation or extenuating circumstances, please provide additional details outlining your “need” to be taken into consideration.

Please mail your completed campership application with income verification (most recent tax forms) to:

Camp Ho Mita Koda- Camperships
14040 Auburn Road
Newbury, OH 44065

OR

lan@camphomitakoda.org

Notification of campership award will be sent to applicant by email. Please call 440-739-4095 with questions.

CHMK Equal Opportunity: Camp Ho Mita Koda Foundation provides equal camp opportunities to all and does not discriminate regarding its employees or campers on the basis of race, color, gender, religion, national or ethnic origin, sexual orientation, age, or disability. Camp Ho Mita Koda Foundation is not, however, a primary medical treatment center, and Camp Ho Mita Koda Foundation staff are not trained to deal with campers who have severe mental, physical or emotional difficulties or need medical care beyond what is provided at camp. We do reserve the right to refuse admission to our programs in appropriate cases.