

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 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! Please don’t hesitate to reach out if you need assistance completing this application.

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 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 if applying for an award based on income eligibility; a copy of the first page of your most recent Federal Tax Return is required. 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 selected for an award, I understand that there is a 30-day expiration date and that I must fully enroll or the award is no longer valid.
- If selected for a partial award, I understand that there will be a \$100 deposit and that the remainder of the balance must be paid off in full no later than 2 weeks before the start of the session.
- If awarded a full award, I understand that there is a \$50 No-Show Fee if my child does not attend their camp session and does not notify us that they will not be attending.

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:** _____

Return Completed Application to:

Camp Ho Mita Koda
14040 Auburn Rd.
Newbury Twp, OH 44065

Questions?

Phone: 440-739-4095

Email: info@camphomitakoda.org

1. Camper Information

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

2. Family Information

Number of children under age 18 (including camper) living in the home _____	
Number adults living in the home _____	
Name of Parent/Guardian contact with whom camper lives _____	Relation _____
Primary Phone _____	Primary Email _____

3. Eligibility Criteria *Please select all the options that apply to your situation.*

<input type="checkbox"/> Family income is at or below 200% of the Federal Poverty Line, see chart or visit our website.	Household Size	Total Family Income
	2	\$40,880
	3	\$51,640
	4	\$62,400
	5	\$73,160
<input type="checkbox"/> Family receives Medicare/Medicaid		
<input type="checkbox"/> Child is newly diagnosed with Type 1 Diabetes and is a first-time camper (within 12 months of the start of camp)		
<input type="checkbox"/> Multiple children with T1D in the same family		
<input type="checkbox"/> Receipt of other government assistance (WIC, EBT, etc.)		
<input type="checkbox"/> Recent job loss or reduction of employment		
<input type="checkbox"/> Loss or change in housing		
<input type="checkbox"/> Unanticipated medical expenses or documented high out-of-pocket medical expense		
<input type="checkbox"/> Other: _____		

4. Documentation

Please supply documentation to support the eligibility criteria you selected. If you selected several criteria, you only need to submit ONE form of documentation.

See the list below and check the box indicating the documentation you are submitting with this application.

- Family income is at or below 200% of the Federal Poverty Line: Most recent federal tax return(s).
Total Annual Household Income (before taxes): \$ _____
- Family receives Medicare/Medicaid: Photo of your current insurance card or other documentation
- Child is newly diagnosed with Type 1 Diabetes and is a first-time camper (within 12 months of the start of camp): Hospital discharge paperwork
- Multiple children with T1D in the same family: Hospital discharge paperwork or other proof
- Receipt of other government assistance (WIC, EBT, etc.): Photo of EBT or WIC card or other documentation
- Unanticipated medical expenses or documented high out-of-pocket medical expense: Receipts or other documentation showing these costs
- The criteria I chose does not require additional documentation.

5. Additional Information

Do you need assistance with transportation to/from camp? _____

Is there any other information that you would like to share to better explain your situation or need?

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

Signature of Applicant: _____ Date: _____