



CAPITAL CAMPS & RETREAT CENTER

Campership Application ~ Summer 2008

The goal of our confidential Campership program is to assist families in sending their child(ren) to our summer camp program. Camperships are awarded based on financial circumstance and are subject to availability. **In order for us to process your application, please complete this form in its entirety and return it with a copy of your 2006 Federal Income Tax Form 1040 (include all schedules).** Incomplete applications will not be processed. Capital Camps reserves the right to confirm all information disclosed on this application with permission of the applicant. Families granted a Campership are required to report changes in their financial circumstances immediately. *Funds received from other institutions will be considered as part of the aid provided by Capital Camps & Retreat Center.* We encourage you to call Ruth Burka, at (240) 283-6158 to discuss a payment schedule as soon as possible.

This form must be received within 14 days of camp registration.

The following apply when parents are separated or divorced:

- The custodial parent is responsible for all camp fees and for signing the campership acceptance form.
- Assuming joint custody, the financial circumstance of both parents & step-parents is considered in determining the level of the grant.

Camper Name	Grade in Fall 2008	Campership Amount Requested <i>(Required in order to process application)</i>	Session Name
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Marital Status: married divorced separated single If divorced: Legal Guardian(s): _____

Father, Step-Father, or Male Guardian: _____			
		Last Name	First Name
Address: _____			
Street		City	State Zip
Phone	Daytime: () _____	Evening: () _____	Cell: () _____
Occupation: _____		Employer: _____	
Employment (circle one):	Full Time	Part Time	Years with Employer: _____
Earnings: Actual Gross Salary & Wages 2006:	\$ _____	Actual Unearned Income 2006:	\$ _____
Projected Gross Salary & Wages 2007:	\$ _____	Projected Unearned Income 2007:	\$ _____

Mother, Step-Mother, or Female Guardian: _____			
		Last Name	First Name
Address: _____			
Street		City	State Zip
Phone	Daytime: () _____	Evening: () _____	Cell: () _____
Occupation: _____		Employer: _____	
Employment (circle one):	Full Time	Part Time	Years with Employer: _____
Earnings: Actual Gross Salary & Wages 2006:	\$ _____	Actual Unearned Income 2006:	\$ _____
Projected Gross Salary & Wages 2007:	\$ _____	Projected Unearned Income 2007:	\$ _____

Will you be applying for or receiving aid from other source (agencies, synagogue, family, etc.)? Yes ___ No ___

If yes, please list source(s) and amount(s) _____ Amount: \$ _____

Income/subsidy to be received for campers from all sources (relatives, employer, trust accounts, etc.): Amount \$ _____

Any funds not disclosed in this application and later received by Capital Camps for the camper, will be refunded at 50% to the family after funds are received by Capital Camps.

Dependents – list other dependent children who live with you or who are full-time college students away from home.

Name	Age	School

Please note any other dependents residing with you: _____

Do you contribute to the support of a parent or other family member? Yes ___ No ___ If yes, Annual Amt: \$ _____

Financial Information

Do you rent or own your home: rent own Year of purchase _____ Purchase Price: \$ _____
 Market Value \$ _____ Mortgage Balance \$ _____ Monthly Payment \$ _____

List year and model of automobiles and, if currently being financed, list monthly payment:

Make/Model: _____ Year: _____ Current Value: \$ _____ Lien: \$ _____ Mo. Payment: \$ _____
 Make/Model: _____ Year: _____ Current Value: \$ _____ Lien: \$ _____ Mo. Payment: \$ _____
 Make/Model: _____ Year: _____ Current Value: \$ _____ Lien: \$ _____ Mo. Payment: \$ _____

Assets	Balance/Value at 8/31/07
Cash (Checking, Savings, Money Market, CD's, etc.)	\$
Marketable Securities (Stocks, Bonds, Mutual Funds, etc.)	\$
Trusts	\$
Other Investments (not including real estate) please specify:	\$
Real Estate Investments: Current Market Value: \$ _____ ; Mortgage Balance: \$ _____	\$
Business Interest - Personal Net Equity	\$
Retirement Assets	\$
Total Assets	\$

Liabilities	Balance at 8/31/07	Monthly Payment
Mortgage(s) (all, including home equity loans)	\$	\$
Automobile Loans	\$	\$
Bank Loans - other	\$	\$
Credit cards	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Total Liabilities	\$	\$

Annual Income	2006 Calendar Year			2007 Calendar Year		
	Actual			Projected		
	Father	Mother	Total	Father	Mother	Total
Salaries & Wages - Gross	\$	\$	\$	\$	\$	\$
Interest & Dividend	\$	\$	\$	\$	\$	\$
Capital Gains (Schedule D)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Business Income (Loss)	\$	\$	\$	\$	\$	\$
Net Income from Partnerships/S Corporations	\$	\$	\$	\$	\$	\$
Net Income from Rental Property	\$	\$	\$	\$	\$	\$
Unemployment compensation	\$	\$	\$	\$	\$	\$
Income from Retirement Distribution	\$	\$	\$	\$	\$	\$
Income from Social Security	\$	\$	\$	\$	\$	\$
Income from Trust Funds	\$	\$	\$	\$	\$	\$
Public Assistance	\$	\$	\$	\$	\$	\$
Income from Any Other Source (please describe):						
	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

Annual Expenses	Father's Annual Amount	Mother's Annual Amount	Total Annual Amount
Housing:	\$	\$	\$
Rent or mortgage & property taxes	\$	\$	\$
Utilities (include cell phones)	\$	\$	\$
Maintenance	\$	\$	\$
Automobile Loan payments	\$	\$	\$
Food	\$	\$	\$
Medical (including medical insurance)	\$	\$	\$
School tuition (College; Private Schools; Nursery Schools)	\$	\$	\$
Insurance (auto, life, disability, etc.)	\$	\$	\$
Clothing	\$	\$	\$
Federal & State Income taxes (from tax return)	\$	\$	\$
Synagogue Dues	\$	\$	\$
Childcare	\$	\$	\$
Recreation and Entertainment	\$	\$	\$
Other Summer Camps	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Total	\$	\$	\$

Please include in detail any additional information that will help us in understanding your family's individual circumstances (i.e., extraordinary medical expenses, special needs of children, changes in employment or marital status, etc.):

- By signing this application I confirm that this information is truthful and accurate.
- I/we will inform Capital Camps & Retreat Center immediately of any change in financial circumstance.
- I/we understand that this application will not be considered if all information has not been provided.
- All guardians must sign this form.
- Any funds not disclosed in this application and later received by Capital Camps for the camper will be refunded at 50% to the family after funds are received by Capital Camps.

Signature: _____ Date: _____
Mother/Step-Mother/Female Guardian

Signature: _____ Date: _____
Father/Step-Father/Male Guardian

Accompanying Documents Checklist (please check the box to indicate items are included):

Please note – incomplete application (which must include all supporting documents) will not be processed.

- 2006 Form 1040
- Supporting Schedules – please list schedule name:
 - (i) _____
 - (ii) _____
 - (iii) _____

Custodial Agreement (if necessary)
Please mail this completed application to:
Capital Camps & Retreat Center
12230 Wilkins Ave
Rockville, MD 20852
Attention: Ruth Burka

Or Fax to a confidential fax line:
(866) 407-7846

This form must be received within 14 days of camp registration.

Office Use Only Registration Form Received: _____ Campership Application Received: _____