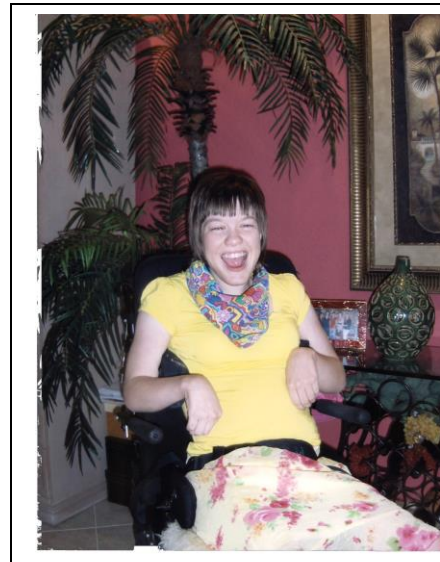


**KIMBERLEY DAWN OWENS CAMPERSHIP FUND**

**FLORIDA LIONS FOUNDATION FOR THE BLIND, INC.**

**CAMPERSHIP ASSISTANCE REQUEST APPLICATION**

Please complete this form and submit it with all other application materials. The Florida Lions Foundation offers camperships based on federal poverty guidelines. The maximum Campership is \$500. All Campers/Sponsors are required to pay a minimum of 50% of total campership fees. Camperships of up to \$500 per camper are available for those families whose income is at or less than 200% of the current federal poverty guidelines (listed below).



<u>Persons in Family Or Household</u>	<u>2023 US HHS Poverty Guidelines</u>	<u>200% of Guidelines</u>
1	\$14,580	\$29,160
2	\$19,720	\$39,440
3	\$24,860	\$49,720
4	\$30,000	\$60,000
5	\$35,140	\$70,280
6	\$40,280	\$80,560
7	\$45,420	\$90,840
8	\$50,560	\$101,120

Camperships are limited to one session per year per person. If you qualify for a campership, please complete the information below. This section applies to the person responsible for payment of camp fees. If the camper is claimed as a dependent by the person responsible for payment, ALL household income must be included, or you will not be considered for a campership.

**CAMP NAME:** \_\_\_\_\_ **TOTAL COST OF SESSION \$** \_\_\_\_\_

**CAMPER DEPOSIT \$** \_\_\_\_\_ **ASSISTANCE RECEIVED \$** \_\_\_\_\_ **BALANCE DUE \$** \_\_\_\_\_

**CAMPER NAME:** \_\_\_\_\_ **DATE OF CAMP SESSION** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**A. Person Responsible for payment:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper  Parent  Guardian  Other \_\_\_\_\_ Email: \_\_\_\_\_

**B. Place of Employment** \_\_\_\_\_ **Position** \_\_\_\_\_

**C. Monthly Household Income – Please enter TOTAL household income for the responsible party.**

1. Salaries and Wages \$ \_\_\_\_\_

2. Other Income (Disability, SS, Retirement, Unemployment, etc.) \$ \_\_\_\_\_

3. Camper Income\*\* (Employment, SSI, SSDI, etc.) \$ \_\_\_\_\_

**TOTAL GROSS MONTHLY FAMILY INCOME** \$ \_\_\_\_\_

\*\* Camper income MUST be entered whether they are a dependent of the responsible party or not.

D. Dependents – Please list ALL individuals who are dependents of the responsible party.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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E. Adjusted Gross Household Income recorded on current Federal Income Taxes Return \$ \_\_\_\_\_

\*copy of current federal income tax filing MUST be included. If income taxes were not filed, please include a copy of your W-2 and/or a current Social Security benefit statement, or two most recent pay stubs.

**AUTHORIZATION**

I certify that the statements and information made in this application are true and correct to the best of my knowledge.

Completed by:  Camper     Parent     Guardian     Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

EMAIL/MAIL ALL APPLICATIONS TO:

A. GEOFFREY WADE  
 FLORIDA LIONS FOUNDATION  
 5476 NW CULVER COURT  
 PORT ST. LUCIE, FL 34986-4024  
[flfwade@gmail.com](mailto:flfwade@gmail.com)

For information call/email:

772-340-1675 – Home

772-521-6986 – Cell

772-777-4584 – Fax

[flfwade@gmail.com](mailto:flfwade@gmail.com)

FOR OFFICIAL USE ONLY:

Client Name \_\_\_\_\_ Total Campership Awarded \$ \_\_\_\_\_ Date \_\_\_\_\_