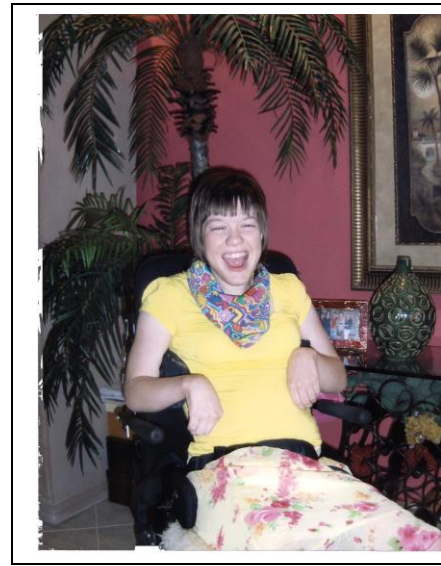


**KIMBERLEY DAWN OWENS CAMPERSHIP FUND**  
**FLORIDA LIONS FOUNDATION FOR THE BLIND, INC.**  
**CAMPERSHIP ASSISTANCE REQUEST APPLICATION**



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>2020 US HHS Poverty Guidelines</u>	<u>200% of Guidelines</u>
1	\$12,760	\$25,520
2	\$17,240	\$34,480
3	\$21,720	\$43,440
4	\$26,200	\$52,400
5	\$30,680	\$61,360
6	\$35,160	\$70,320
7	\$39,640	\$79,280
8	\$44,120	\$88,240

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

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

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

**FORMER CAMPER @ FLORIDA LIONS CAMP (Y/N)** \_\_\_\_\_

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 \_\_\_\_\_

MAIL ALL APPLICATIONS TO:

A. GEOFFREY WADE  
FLORIDA LIONS FOUNDATION  
5476 NW CULVER COURT  
PORT ST. LUCIE, FL 34986-4024

For information call/email:

772-340-1675 – Home

772-521-6986 – Cell

772-777-4584 – Fax

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

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FOR OFFICIAL USE ONLY:

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