

# CAMPERSHIP ELIGIBILITY FORM

Camperships for the URI W. Alton Jones Camps are based on Income Eligibility Guidelines provided by the United States Department of Agriculture and the Rhode Island Department of Education. Camperships are given out on a first-come, first-served basis until the allotted funds are depleted. More than one campership may be awarded to a family if the need is evident. Only one campership will be awarded per child. Camperships are awarded in amounts equaling 10%, 25%, 50%, or 75% of the total camp fee based on need. All information provided is kept confidential. Incomplete applications will be denied. Please provide the following:

Program and Session Desired: \_\_\_\_\_ Dates: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

## **STEP 1: FAMILY INCOME (List Amounts Received Yearly)**

### **Sources of income:**

1. Employment: \$ \_\_\_\_\_ per year
2. Investments: \$ \_\_\_\_\_ per year
3. Welfare: \$ \_\_\_\_\_ per year
4. Social Security: \$ \_\_\_\_\_ per year
5. Disability: \$ \_\_\_\_\_ per year
6. Workmen's Compensation: \$ \_\_\_\_\_ per year
7. Child Support: \$ \_\_\_\_\_ per year
8. Unemployment Compensation: \$ \_\_\_\_\_ per year
9. Other (Please Identify)\* \$ \_\_\_\_\_ From: \_\_\_\_\_

**TOTAL YEARLY INCOME:** \$ \_\_\_\_\_ **(calculate by adding lines 1-9)**

\*Other, such as pension or other retirement, public assistance, alimony, TDI, foster care support: (please identify on line to right.)

## **STEP 2: INCOME AND CUSTODY VERIFICATION (Provide Photocopies)**

- A photocopy of your most recent federal income tax return, pages 1 & 2 required.
- Taxes were not filed for the last two tax years for the following reason: \_\_\_\_\_  
If taxes were not filed, include copies of relevant checks or stubs from Disability, Social Security, Welfare, Workmen's Compensation, Child Support, or Unemployment Compensation, plus any other relevant back-up data that will aid in verifying income and custody.
- If there are extenuating circumstances that you would like to have considered, please describe them in a letter.

## **STEP 3: FAMILY SIZE (Indicate Size):** \_\_\_\_\_

(Number of parents and minor children in immediate family living under the same roof who are claimed as dependents for federal income tax purposes.) Please list first names and ages of immediate family members below:

Return to: Campership, W. Alton Jones Campus, 401 Victory Highway, West Greenwich, RI 02817.