

Launched  
April 6, 1923  
Charter No. 1452  
May 11, 1923

Home Port  
Boston Yacht Club  
Mess served  
Thursday, 12:15 Hours



## ROTARY CLUB OF MARBLEHEAD

“BIRTHPLACE OF THE AMERICAN NAVY”

P.O. Box 1008, Marblehead, MA 01945

Spring, 2024

Dear Campership Applicant,

On behalf of the Marblehead Rotary Club, we are happy to forward you this application for campership(s) for the upcoming summer. The Rotary helps Marblehead children of all ages to attend a broad variety of camps (day or overnight). Our goal, like your own, is to offer the child a positive, summer experience that will help him/her grow and have fun.

Only one application is needed for any number of children in your household. (Page 5 is where you list each child's individual camp request.) However, we do have a general rule that if any particular child has already received three camperships from our Rotary Club, we will not be offering any more to him or her. This allows us to share the camp opportunity with other children.

Likewise, in order to spread the available funds around to as many children as possible, we have a general rule of offering up to \$600 per summer per child.

Please return this application to me when you are done, the sooner the better. We plan on reviewing applications the week of May 20, 2024. This means that applications received after May 17, 2024 have less of a chance of being funded. We will give you an answer within two weeks of when we review your application. Please be aware that we will coordinate your request with ones you make to the Marblehead/Swampscott YMCA, JCC of the North Shore, the Marblehead Recreation & Park Department. An application that is not fully completed will be returned for the missing information.

You can send the completed application to:

Rotary Camperships  
c/o Bishop Associates  
55 Village Street  
Marblehead, MA 01945

If you have any questions, please give me a call at (781) 631-9000

Sincerely,

Candy Bishop-Conlon, Chair  
Rotary Campership Committee

**ROTARY CLUB OF MARBLEHEAD CAMBERSHIP APPLICATION**

**REQUEST FOR FINANCIAL ASSISTANCE/ PERSONAL INFORMATION**

Date \_\_\_\_\_

For Rotary Use: ID # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address:

\_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

How were you referred to us or hear about Rotary camperships? \_\_\_\_\_

**Responsibilities of Applicant:**

In making this application for assistance, I state that the information I am submitting is correct and true and that I must notify the Rotary Club of Marblehead if any of my assets, income or other circumstances change. I understand that my application is subject to review and that I may be asked to provide proof of what I have stated. I also understand that the submission of this application does not entitle me to any assistance whatsoever, except as the Rotary Club of Marblehead or its delegated representatives, in their absolute discretion, may determine, including the amount and duration of the assistance. If it becomes necessary to obtain additional financial, medical, or other information to determine my eligibility for assistance, I understand that I will be contacted and my permission secured. I further understand that I am encouraged to return all or part of any funding, if able, in order to perpetuate the fund for use by others.

I also hereby agree to allow the Rotary Club of Marblehead to share the information contained in this campership application for the purpose of coordinating camp scholarship requests with other organizations such as, but not limited to, the Marblehead/Swampscott YMCA, the Marblehead Recreation & Park Department, the Marblehead Schools, private schools and others that may be offering camperships.

I understand that my consent to disclosing my information expires six (6) months after the date below, unless I inform the Rotary Club sooner of my wish to revoke this permission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of spouse, if Living with Applicant

\_\_\_\_\_  
Date

How long have you lived at your current address? \_\_\_\_\_

Previous Address (if living at your current address less than 5 years):

\_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Current Work: Company \_\_\_\_\_

\_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

**Household Members:** Please list others besides you who reside in your household.

| First Name Only | Age | Relationship to You |
|-----------------|-----|---------------------|
|                 |     |                     |
|                 |     |                     |
|                 |     |                     |
|                 |     |                     |
|                 |     |                     |

Have you transferred or sold any real estate or other assets within the last three (3) years? If so, please describe those and their approximate value. \_\_\_\_\_

Other tangible assets: (Boats, trailers, etc.) \_\_\_\_\_

**Other Assets:** Please list other assets you have.

| Assets                           | Your Individual Assets |
|----------------------------------|------------------------|
| Cash on Hand or in Bank Accounts |                        |
| Money Market Accounts            |                        |
| Certificates of Deposit          |                        |
| Stocks/Bonds/Securities          |                        |
| Other Liquid Assets              |                        |

**Income:** Please list total income on a monthly basis.

| Income                                     | For Yourself | Others in Household |
|--|--------------|---------------------|
| Monthly Gross                              |              |                     |
| Monthly Take Home Salary                   |              |                     |
| Monthly Interest/Dividends                 |              |                     |
| Monthly Social Security and Pension Income |              |                     |
| Monthly Workers Compensation               |              |                     |
| Monthly Disability                         |              |                     |
| Unemployment Compensation                  |              |                     |
| Other Monthly Income                       |              |                     |

If you anticipate any of these sources of income to cease, please describe which ones and when.

---

| Monthly Expenses             | Paid by You | Others in Household |
|------------------------------|-------------|---------------------|
| Rent/Mortgage                |             |                     |
| Does Rent Include Utilities? |             |                     |
| Utilities: Heat              |             |                     |
| Gas                          |             |                     |
| Water & Sewer                |             |                     |
| Electricity                  |             |                     |
| Home Telephone               |             |                     |
| Cell Telephone               |             |                     |
| Insurances: Automobile       |             |                     |
| Homeowner/Tenant             |             |                     |
| Medical                      |             |                     |
| Dental                       |             |                     |
| Credit Cards                 |             |                     |
| Loans                        |             |                     |
| Other Significant Expenses   |             |                     |
| 1.                           |             |                     |
| 2.                           |             |                     |

**Children Needing Camperships:** Please give us the following information about each child for whom you are requesting a campership:

|  |   |
|--|---|
| <p>_____</p> <p>First Child's Name &amp; Age</p> <p>_____</p> <p>Name of Camp Your Child Wishes to Attend</p> <p>_____</p> <p>Amount of Money Requested for Child's Camp</p> <p>_____</p> <p>How many weeks of camp are you requesting?</p> <p>_____</p> <p>Has she/he ever received a Rotary campership?<br/>Yes ___ When? _____ No ___</p> | <p>_____</p> <p>Second Child's Name &amp; Age</p> <p>_____</p> <p>Name of Camp Your Child Wishes to Attend</p> <p>_____</p> <p>Amount of Money Requested for Child's Camp</p> <p>_____</p> <p>How many weeks of camp are you requesting?</p> <p>_____</p> <p>Has she/he ever received a Rotary campership?<br/>Yes ___ When? _____ No ___</p> |
| <p>_____</p> <p>Third Child's Name &amp; Age</p> <p>_____</p> <p>Name of Camp Your Child Wishes to Attend</p> <p>_____</p> <p>Amount of Money Requested for Child's Camp</p> <p>_____</p> <p>How many weeks of camp are you requesting?</p> <p>_____</p> <p>Has she/he ever received a Rotary campership?<br/>Yes ___ When? _____ No ___</p> | <p>_____</p> <p>Fourth Child's Name &amp; Age</p> <p>_____</p> <p>Name of Camp Your Child Wishes to Attend</p> <p>_____</p> <p>Amount of Money Requested for Child's Camp</p> <p>_____</p> <p>How many weeks of camp are you requesting?</p> <p>_____</p> <p>Has she/he ever received a Rotary campership?<br/>Yes ___ When? _____ No ___</p> |

What other sources for campership assistance are you applying to this year besides the Rotary?

Please list \_\_\_\_\_  
\_\_\_\_\_

Any additional comments you would like to share with the campership committee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If possible, please include a copy of the camp application for each child with this request.

*The Rotary Club of Marblehead reserves the right to limit the amount of any campership awarded.*