P.O. Box 1008, Marblehead, MA 01945

Spring, 2019

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 <u>if any particular child has already received two camperships from our Rotary Club, we will not be offering any more to him or her.</u> 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 \$500 per summer per child. In addition, we are asking that the family cover 20% of the tuition and registration costs put together. Of course, if you have special financial circumstances that make this especially difficult, please let us know when you return the application.

Please return this application to me when you are done, the sooner the better. We plan on reviewing applications the week of May 20, 2019. This means that applications received after May 17, 2019 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 and Forestry Department and the Marblehead Charter School.

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 The Law Firm of Ellen M. Winkler 58 Atlantic Avenue Marblehead, MA 01945

If you have any questions, please give me a call at (781) 631-6404.

Sincerely,

Ellen Winkler, Chair Rotary Campership Committee



ROTARY CLUB OF MARBLEHEAD CAMPERSHIP APPLICATION

REQUEST FOR FINANCIAL ASSISTANCE/ PERSONAL INFORMATION

Date	For	For Rotary Use: ID #		
Parent/Guardian Name				
Mr Mrs Ms	Head of House	ehold? Yes	No	
Parent/Guardian Age D	ate of Birth		Marital St	tatus
Home Address:				
(Street)	(City/T	Town)	(State)	(Zip)
Telephone: Home	Cell		Work	
Email Address:				
How were you referred to us or hea	ır about Rotary camper	ships?		
Responsibilities of Applicant:				
and true and that I must notify the Rocircumstances change. I understand a provide proof of what I have stated. entitle me to any assistance whatsoever presentatives, in their absolute discussistance. If it becomes necessary to determine my eligibility for assistance secured. I further understand that I at to perpetuate the fund for use by other	that my application is sult also understand that the ver, except as the Rotary retion, may determine, in a obtain additional finance, I understand that I will mencouraged to return a	bject to review a e submission of Club of Marble acluding the am cial, medical, or I be contacted a	and that I may this application whead or its del count and dura to other informated and my permis	be asked to on does not legated tion of the ation to sion
I also hereby agree to allow contained in this campership applic requests with other organizations s YMCA, the Marblehead Recreation Marblehead Charter School, privat understand that my consent to disc below, unless I inform the Rotary C	cation for the purpose of uch as, but not limited n, Park and Forestry De e schools and others the losing my information	of coordinating to, the Marblel epartment, the at may be offer expires six (6)	camp schola head/Swamps Marblehead S ring campersl months after	rship scott Schools, the hips. I
Signature of Applicant		Date		
Signature of Spouse, if Living Wit	h Applicant	Date		

How long have you liv	red at your current address	ss?			
In total, how long have	e you lived in Marblehead	d?			
Previous Address (if li	ving at your current addr	ess less that 5 years	s):		
(Street)		(City/Town)		(State)	(Zip)
Current Work: Compa	ny				
(Street)		(City/Town)		(State)	(Zip)
Household Members:	Please list others besides	s you who reside in	your hous	ehold. Li	st <u>first</u> name
First Name Only	Age		Relationsl	nip to You	1
Real Estate Assets: P	lease list the real estate yo	ou own.			
Real Estate Owned	Valuation on Tax Bill	Annual Property Tax		Amount of Principal Owed on Mortgage	
please describe those ar	r sold any real estate or ot nd their approximate value nclude year and make.) _	2.			
Other tangible assets: (I	Boats, trailers, etc.)				

Other Assets: Please list other assets you have.

Assets	Your Individual Assets	Assets of Others in Your Household
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	For Others Living With You If Appropriate
Monthly Gross		
Monthly Take Home Salary		
Monthly Bonus/Commission		
Monthly Interest/Dividends		
Monthly Real Estate Income		
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.			
	_		

Expenses: Please estimate expenses on a monthly basis.

Monthly Expenses	For Yourself	For Others Living With You, If Appropriate
Rent/Mortgage		
Does Rent Include Utilities?		
Utilities: Heat		
Gas		
Water & Sewer		
Electricity		
Home Telephone		
Cell Telephone		
Life Insurance		
Insurances: Automobile		
Homeowner/Tenant		
Medical		
Dental		
Other Exceptional Expenses		
1.		
2.		
Credit Cards (List Kinds)	Minimum Due on Cards	Current Balance on Cards
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
Loans (List Type of Loan)	Minimum Due Monthly	Current Balance
1.	1.	1.
2.	2.	2.
3.	3.	3.
Other Major Expenses,	Minimum Due	Current Balance
for example, medical bills 1.	1.	1.
	2.	
2.		2.
3.	3.	3.

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

First Child's Name & Age	Second Child's Name & Age
Name of Camp Your Child Wishes to Attend	Name of Camp Your Child Wishes to Attend
Amount of Money Requested for Child's Camp	Amount of Money Requested for Child's Camp
How many weeks of camp are you requesting?	How many weeks of camp are you requesting?
Has she/he ever received a Rotary campership? Yes No	Has she/he ever received a Rotary campership? Yes When? No
Third Child's Name & Age	Fourth Child's Name & Age
Name of Camp Your Child Wishes to Attend	Name of Camp Your Child Wishes to Attend
Amount of Money Requested for Child's Camp	Amount of Money Requested for Child's Camp
How many weeks of camp are you requesting?	How many weeks of camp are you requesting?
Has she/he ever received a Rotary campership? Yes No	Has she/he ever received a Rotary campership? Yes When? No
What other sources for campership assistance are	you applying to this year besides the Rotary?
Please list	
Any additional comments you would like to shar	e with the campership committee?

If possible, please include a <u>copy</u> 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.