



BETSY HAMILL MEMORIAL CAMBERSHIP FUND

2021 CAMBERSHIP APPLICATION INSTRUCTIONS

The Betsy Hamill Memorial Campership Fund provides camp scholarships to Mansfield youth thanks to generous donations from members of the community. Due to the large number of requests only Mansfield youth living in town for three consecutive months are eligible to apply for the campership program. In addition, due to COVID-19 we are adapting our screening and award process for the number of slots and funding available.

Instructions:

- Complete all required information on the application including camp choice, anticipated dates, and camp cost. Please select a camp best suited to the needs and interests of your family (Please note not all local camps are listed and participants are not limited to these options). **This application is NOT the camp registration form. Participants are required to complete separate camp registration forms to ensure enrollment into the specified camp program.**
- Use the Fee Reduction Program eligibility checklist to determine if you need to include residency and income verification documents and forms with your application. Mansfield Youth Services collaborates with the Mansfield Fee Reduction Program to streamline the application process and so campership funds can benefit as many Mansfield youth as possible.
- Sign and date form in the designated location.
- Send completed forms and any required documents by **June 9, 2021** to:

human.services@mansfieldct.org

or

Human Services Department

Attn: BHMCF

303 Maple Rd.

Mansfield, CT 06268

Award Process:

- Shortly after June 9, 2021 Youth Services staff will review applications and allocate funds. Any requests received after this date may be considered subject to available funds.
- Award letters will be sent to the families and the identified camp. Families are encourage to complete thank you letters to donors as this encourages future funding for this scholarship program.
- The camp will submit confirmation to Mansfield Youth Services once child(ren) are registered.
- Award funds are sent directly to the camp.
- Any balance remaining not covered by the campership are paid by the family directly to the camp.

If you have any application questions please contact Dorothy Del Valle, Administrative Service Specialist at 860-429-3315 or delvalled@mansfieldct.org



CAMPERSHIP APPLICATION

DUE June 9, 2021 – INCOMPLETE APPLICATIONS WILL BE RETURNED

Due to COVID-19 we are adapting our screening and award process for the number of slots and funding available.

1st Parent/Guardian's Full Name: _____

Email: _____ Daytime Phone: _____

2nd Parent/Guardian's Full Name: _____

Email: _____ Daytime Phone: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____

1st Camper's Name (Last) _____ (First) _____ Gender: _____

Child's Grade Entering in fall: _____ Birth Date ___/___/___ Is child a foster child? YES NO

CAMP ATTENDING (Check appropriate box, fill in the blank for other camps):

Holiday Hill **Mansfield Parks & Rec** _____

Date(s) child will be attending camp: _____

Cost of Camp \$ _____ Amount of campership requested \$ _____

2nd Camper's Name (Last) _____ (First) _____ Gender: _____

Child's Grade Entering in fall: _____ Birth Date ___/___/___ Is child a foster child? YES NO

CAMP ATTENDING (Check appropriate box, fill in the blank for other camps):

Holiday Hill **Mansfield Parks & Rec** _____

Date(s) child will be attending camp: _____

Cost of Camp \$ _____ Amount of campership requested \$ _____

3rd Camper's Name (Last) _____ (First) _____ Gender: _____

Child's Grade Entering in fall: _____ Birth Date ___/___/___ Is child a foster child? YES NO

CAMP ATTENDING (Check appropriate box, fill in the blank for other camps):

Holiday Hill **Mansfield Parks & Rec** _____

Date(s) child will be attending camp: _____

Cost of Camp \$ _____ Amount of campership requested \$ _____

4th Camper's Name (Last) _____ (First) _____ Gender: _____

Child's Grade Entering in fall: _____ Birth Date ___/___/___ Is child a foster child? YES NO

CAMP ATTENDING (Check appropriate box, fill in the blank for other camps):

Holiday Hill **Mansfield Parks & Rec** _____

Date(s) child will be attending camp: _____

Cost of Camp \$ _____ Amount of campership requested \$ _____

Please list any additional campers by attaching a separate sheet.

Describe or list a specific need, the benefit received by being approved for the program, or any other circumstances to assist in determining your qualifications for Campership. Has the COVID-19 pandemic impacted your household's finances? If so, please describe.

Yes, please also contact me about financial support programs available for “Back to School” shopping.

Below are the income guidelines for eligibility for the Town of Mansfield Fee Reduction Program (effective July 1, 2020 through June 30, 2021). Please note the Fee Reduction Program requires households to reapply annually for continued eligibility. For any town services to take place on or after July 1, 2021 households must reapply to the Mansfield Fee Reduction Program. Please review your eligibility based on these guidelines in completing the following sections of the campership application.

Mansfield Fee Reduction Income Limit Guidelines and Annual Cap per Household

Household Size	50% Fee Waiver	75% Fee Waiver	Annual Cap Per Household
1	\$35,950	\$21,600	\$325
2	\$41,050	\$24,650	\$650
3	\$46,200	\$27,750	\$975
4	\$51,300	\$30,800	\$1,300
5	\$55,450	\$33,300	\$1,625
6	\$59,550	\$35,750	\$1,950
7	\$63,650	\$39,640	\$2,275
8+	\$67,750	\$44,120	\$2,600



TOWN OF MANSFIELD
Betsy Hamill Memorial Campership Fund
CHECK ONE OF THE FOLLOWING AND SIGN



Campership requests cannot be considered without full documentation on file

- My household is currently on the Town of Mansfield Fee Reduction program so **we qualify for the Campership program without including additional documentation or forms.** I understand the Fee Reduction Program must be reapplied for annually and current agreements will expire on June 30, 2021. Continued access to the Fee Reduction Program, including funds applied to Town of Mansfield camp attendance, on or after July 1, 2021 is subject to completing and requalifying for the program.

Applicant Signature

Date

- My household qualifies for the Town of Mansfield Fee Reduction program based on residency requirements of living in Mansfield for at least **six months** and the financial guidelines on the previous page. **I have contacted Dorothy Del Valle in Human Services department at (860-429-3315) to complete the application for the Fee Reduction program within seven days of submitting this campership application.**

**The application for the Fee Reduction is available through the Mansfieldct.gov website under Human Services page under the "Fee Waiver Ordinance" section or directly at the following web address: <https://www.mansfieldct.gov/234/Fee-Waiver-Ordinance>*

I understand the Fee Reduction Program must be reapplied for annually and current agreements will expire on June 30, 2021. Continued access to the Fee Reduction Program, including funds applied to Town of Mansfield camp attendance, on or after July 1, 2021 is subject to completing and requalifying for the program.

Applicant Signature

Date

- My household does not wish to participate in/or would not qualify for the Fee Reduction Program. **I have included the all of the documents listed below to determine my eligibility.**

- Proof of Residency for ALL persons who reside in the household. *Applicants must reside in Mansfield for more than three months during the course of the preceding year.*
- Three (3) most recent pay stubs for all income earners in the household
- Copy of other sources of income (if applicable) i.e.: Social Security, Private Pension, Unemployment & Workman's Comp, Disability Benefits, Veterans Benefits, Rental Income, Welfare, Alimony, Child Support, etc.
- Copy of your most recent federal tax return for each adult in the household
- Completed and signed Betsy Hamill Memorial Campership Fund Financial Form

Applicant Signature

Date



Betsy Hamill Memorial Campership Fund Financial Form
ONLY TO BE COMPLETED BY APPLICANTS NOT APPLYING WITH FEE REDUCTION



303 Maple Road
 Storrs/Mansfield, CT 06268
 Tel. (860) 429-3315

human.services@mansfieldct.org

APPLICANT (S) GENERAL INFORMATION

APPLICANT			CO-APPLICANT		
ADDRESS			ADDRESS		
TOWN	STATE	ZIP CODE	TOWN	STATE	ZIP CODE
PHONE #			PHONE #		
EMAIL	BIRTH DATE		EMAIL	BIRTH DATE	

EMPLOYMENT INFORMATION

EMPLOYER			EMPLOYER		
ADDRESS			ADDRESS		
TOWN	STATE	ZIP CODE	TOWN	STATE	ZIP CODE
PHONE			PHONE		
GROSS ANNUAL WAGES			GROSS ANNUAL WAGES		
LENGTH OF EMPLOYMENT			LENGTH OF EMPLOYMENT		

ANNUAL HOUSEHOLD INCOME

Gross Wages/Salary	Rental Income	Welfare
Pension, SSI, Self-Employment	Alimony, Child support	
Unemployment & Workmen's Comp.,	Other (List)	TOTAL

PERSONS LIVING IN RESIDENCE

<u>NAMES OF ALL PEOPLE LIVING IN HOUSEHOLD</u>	<u>RELATIONSHIP TO APPLICANT</u>	<u>DATE OF BIRTH</u>	<u>EMPLOYER</u>	<u>YEARLY INCOME</u>	<u>CAMPERSHIP REQUESTED</u>

Eligibility is based on the combined income of all household members listed on the application.

PENALTY FOR FALSE OR FRADULENT STATEMENT; U.S.C Title 8, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements of representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or prisoned not more than five years, or both."

I (we) hereby apply for the Betsy Hamill Memorial Campership Fund program and certify the accuracy of the information contained herein in accordance with all provisions of the law and agree to notify the appropriate town department in writing in the event of changes in said information. I have answered all required questions and included additional required documents as indicated above. I understand that the completion of this application does not guarantee acceptance in the Campership Program. I certify that the above information is true and correct and I authorize the Human Services Dept. to verify the above and attached information.

DATE

APPLICANT SIGNATURE

APPLICANT SIGNATURE