

2024 CAMP ALBRECHT ACRES CAMPERSHIP FINANCIAL AID GUIDELINES

Our financial aid, or ‘campership’ is derived from donations received from various sources. As our resources are limited, it would be appreciated if you would contact your local Department of Human Services office for information on funds available through them and/or any organizations, clubs, churches or groups who may want to sponsor your camper. CAA’s full fee for the 2024 Summer Week camp is \$700 and Day camp is \$100 per day.

If your camper does not receive agency funding and cannot afford the full camp fee, financial aid can be available through camp in the form of a campership. **Please attach your 2023 IRS 1040 form along with corresponding W-2s to complete the financial aid request.** If you claim your adult camper as a dependent on your tax return, please use your household income and documentation to file for financial aid.

Guidelines for requests:

- Every camper is responsible for paying \$300 of the summer camp fee. • Assistance will cover the remaining balance for a residential week of camp. • Day camps as well as respite camps throughout the year are not eligible for financial aid.
- Campers attending more than one session are not eligible for financial aid. • Applications that are missing supporting documents or are incomplete are not eligible for financial aid.

Please complete the Campership Financial Aid application with attached 1040 and W-2 forms, and return it to the main office via email/mail/fax as soon as possible. If you are completing applications for more than one camper, please complete the form and attach documents for each camper.

Campership financial aid requests will be processed within 10-14 business days, and an email confirmation with acceptance or denial will be sent.

CAMPERSHIP FINANCIAL AID REQUEST

Camper Name: _____ DOB: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Have you sent in your application to camp? Yes No

Session requested: Week _____

Reason for Request (Explain camper’s individual need):

The following information MUST be provided for us to process your application:

Total annual income: \$ _____ in the year _____

Our camper is able to pay \$ _____

Total amount requested: \$ _____

*cannot exceed \$350

I have attached the following documentation:

1040 form W-2 form Other: _____

To the best of my knowledge the above statements are true:

Printed Name of Parent/Guardian/Camper: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Request Received: _____

Approved \$ _____ Denied, Reason: _____

Confirmation Email of Acceptance/Denial Sent: _____

Staff Initials: _____

To submit, please save the completed document as a PDF and email it as an attachment to registration@albrechtacres.org OR print and mail completed application to PO Box 50, Sherrill, Iowa 52073. Once received and processed, a confirmation email will be sent within 10-14 business days.