CAMP NAZARETH CAMPERSHIP APPLICATION

(1.) Complete One Application Per Camper (2.) You MUST Complete All Sections (3.) Mail With Registration Form (4.) You Will Be Notified By Letter Of Assistance (5.) INCOMPLETE FORMS WILL BE RETURNED

Camp Nazareth Financial Aid Income Limits– 2025 Camping Season

|  |  |
| --- | --- |
| Total Household Size | Family Maximum Annual Income |
| 1 | $15,060 |
| 2 | $20,440 |
| 3 | $25,820 |
| 4 | $31,200 |
| 5 | $36,580 |
| 6 | $41,960 |
| 7 | $47,340 |
| 8 | $52,720 |
| For each add’l family member, add: | $5,380 |

*\*Annual income levels based on Reduced Lunch guidelines established by USDA for 7/1/24-6/30/25.*

If you wish to be considered for financial assistance, complete this form and return along with your registration form and $75.00 Deposit. Any deposit sent will be deducted from the family portion due. This family portion will be determined from the information supplied below. If attending multiple weeks, only one week will be funded by financial assistance. Maximum of two campers per family are eligible.

Camper Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(One Camper Per Form)

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Family Income (total before deductions): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of dependents: \_\_\_\_\_

Please include a copy of your 2024 Federal Income Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Names | Current Monthly Income | | | |
| Names of Household Members  [Include the child(ren) ] | Monthly Earnings from Work (Before Deductions) Job 1 | Monthly Temp Assistance, Child Support, Alimony | Monthly Payments from Pensions, Retirement, Social Security (SSI) | Monthly Earnings from Job 2 or Any Other Monthly Income |
| 1. | $ | $ | $ | $ |
| 2. | $ | $ | $ | $ |
| 3. | $ | $ | $ | $ |
| 4. | $ | $ | $ | $ |
| 5. | $ | $ | $ | $ |
| 6. | $ | $ | $ | $ |
| 7. | $ | $ | $ | $ |
| 8. | $ | $ | $ | $ |

\*\*\*No applications will be processed without proof of income and deposit (i.e., wages, unemployment, workers’ compensation, SSI/SSD for all family members, child support, alimony, public assistance, etc.)\*\*\*

Assistance is limited and is 1st come, 1st serve, if eligible. All applications are dated on arrival. Please return (with your $75 deposit) all documentation to: Catholic Charities, Attn: Camp Nazareth, 1408 Genesee St., Utica, New York 13502. Questions, please call (315) 724-2158 ext. 7015