



Office Use

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**GREATER WATERBURY CAMBERSHIP PROGRAM 2025**  
**Scholarship Application for 1 Free Camp Session**

Enter Name of Camp: \_\_\_\_\_

**Deadline: Friday May 16, 2025 (ONLY SUBMIT TO ONE of the participating camps listed).**

To qualify for the Greater Waterbury Campership Program Campers must reside in the United Way of Greater Waterbury ten-town area (Bethlehem, Cheshire, Middlebury, Prospect, Southbury, Thomaston, Waterbury, Watertown, Wolcott, and Woodbury).

- Child must turn age 5 by June 1, 2025 (proof required)
- For households that do not receive SNAP benefits **PLEASE SEE FINANCIAL GUIDELINES BELOW**; Proof of household income must be submitted upon completion of this application (example-2 recent paystubs, benefits letter, W2, etc.). **Please black out Social Security numbers listed on documents.**
- All SNAP recipients must provide proof of current SNAP benefits.
- Awarded campers will receive 1 free camp session at 1 participating camp, per year.
- Camperships will be awarded on a first come, first served basis, while funding is available.

**PRINT CLEARLY - ONE APPLICATION PER CHILD****I. General Information**

How did you hear about the Campership Program? \_\_\_\_\_ School \_\_\_\_\_ Agency/Camp \_\_\_\_\_ Newspaper \_\_\_\_\_ United Way \_\_\_\_\_ Family/Friend

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Girl: \_\_\_\_\_ Boy: \_\_\_\_\_

Parents/Guardian/Foster Parents Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Household: # of adults at this address: \_\_\_\_\_ # of children at this address: \_\_\_\_\_

**II. Annual Household Income Information: (Documents must be provided as proof)**

If you receive Food Stamps (SNAP) benefits, provide your 9-digit Food Stamp (SNAP) ID # \_\_\_\_\_

If you **DO NOT** receive Food Stamps (SNAP) benefits, write your Gross Family Income-before deductions: \$ \_\_\_\_\_

Other Income (child support, disability, unemployment, DCF) \$ \_\_\_\_\_ (Check) weekly bi-wkly monthly yearly \_\_\_\_\_

**Income Guidelines Based on FY 2025 Federal Poverty Level**

Family Size	Gross Annual Income May Not Exceed
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$73,300
6	\$86,300
7	\$97,300
8	\$108,300
9	\$119,300
10	\$130,300
Add \$11,000 for each additional	

I certify that the information on this application is accurate and complete. I understand that any misrepresentation will make my child ineligible for campership funding. I authorize the above-named agency to verify my public assistance status with the Department of Social Services.

Signature of Parent/Guardian/Foster Parent: \_\_\_\_\_ Date \_\_\_\_\_

(Application must be signed and dated in order to be valid)

**III. Camp Certification**

I certify that based on birth date, income documents/SNAP verification provided, the above-named applicant meets the eligibility requirements for the Greater Waterbury Campership Program. I understand that any misrepresentation may result in my agency being ineligible for campership funding. Signature of Camp Administrator: \_\_\_\_\_ Date \_\_\_\_\_

(Application must be signed and dated to be valid)