



CAMP OF CHAMPIONS USA

APPLICATION FOR FINANCIAL ASSISTANCE

Financial Assistance is available through the **Roland & Shirley Juchems Scholarship Fund** and the **Becky Joos Winter Scholarship for Sisters**. These scholarships are funded by donations from generous friends of Camp.

To receive assistance by the first week of Camp, fully completed applications must be received in our office by the end of day Friday, May 3rd. Any applications received after May 3rd will be held for review until May 27th, with the earliest possible assistance being available the week of June 10th.

APPLICATION CHECKLIST

- Register your child for Camp. Registration is available online at www.cocusa.org or by paper form.
- Pay the **\$15 non-refundable registration fee (per child)**.
- Complete the **Application for Financial Assistance**.
- Provide proof of income** for each adult in your household. **A copy of at least one of the following is required per adult:**
 - 2023 W2s
 - 2023 Tax Return
 - Two most recent pay-stubs

If any of the following apply, please provide as well:

- Child Support payments
 - Social Security benefits
 - Unemployment support
- Write a letter detailing your need for financial assistance.** Provide details of anything causing financial hardship for your family for us to consider.
 - Submit your application** to our office by email (hello@cocusa.org) or by mail (Camp of Champions USA, 3009 Broadway, Pekin, IL 61554)

Your application cannot be reviewed until all information is provided. If any part is missing or incomplete, your application will be put on hold until we receive all the required information.

STEP 1: APPLICANT INFORMATION

Your Name _____

Phone _____ Email _____

List all registered children needing financial assistance to attend Camp:

Adults living in your household: _____ + Children living in your household: _____ =

Total number of individuals living in your household: _____

Financial assistance is available for all children regardless of race, religion, or national origin.

STEP 2: INCOME INFORMATION

Complete the table(s) below by providing information for **each adult in your household, including yourself.** •

Provide each person's **total yearly (gross) income for 2023.** Include any forms of income that may apply (i.e. wages from employment, Social Security benefits, unemployment benefits, etc.) •

Please provide a copy of each form of income listed below.

- This information is **required** in order for us to review your application. If any information is not provided, it could cause a delay in your application review process.

<i>Adult's Name</i>	<i>2023 Total Income (before taxes) - REQUIRED Please list the total amount of yearly/gross income from 2023.</i>	<i>Relationship to Child(ren)</i>
	\$ /year	
	\$ /year	
	\$ /year	

If there are any other adults providing assistance to the children attending Camp, please list that income here: (e.g. child support payments, assistance from relatives, DCFS stipends, etc.)

<i>Adult's Name</i>	<i>Assistance Provided (Type & Amount)</i>	<i>Relationship to Child(ren)</i>

The 2024 weekly rate is \$195. If you cannot afford these regular fees, what are hoping your **weekly** payment can be reduced to?

By selecting a range below, you are giving us an idea of what you feel you are capable of paying each week. This amount is taken into consideration in the review process, however, there is no guarantee that you will be awarded the amount you selected.

- \$140-170/per child/per week
- \$110-140/per child/per week
- \$80-110/per child/per week
- Other: \$ _____ per child/per week

By signing below, I agree that the information I provided on this form is true and accurate.

Signature _____ Date _____

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