

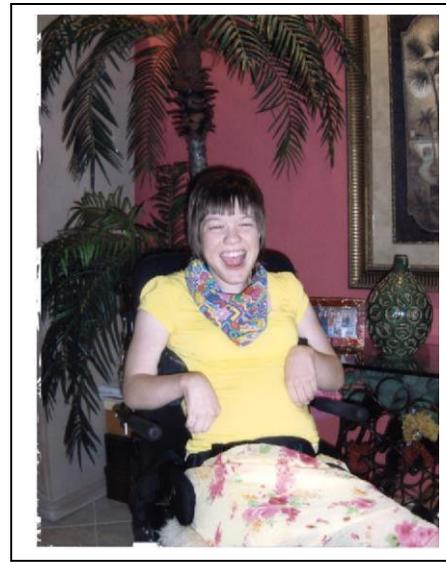
**KIMBERLEY DAWN OWENS CAMBERSHIP FUND**

**FLORIDA LIONS FOUNDATION FOR THE BLIND, INC.**

**DBA LIONS SAVING SIGHT**

**CAMPERSHIP ASSISTANCE REQUEST APPLICATION**

Please complete this form and submit it with all other application materials. The Florida Lions Foundation offers camperships based on federal poverty guidelines. The maximum Campership is \$500. All Campers/Sponsors are required to pay a minimum of 50% of total campership fees. Camperships of up to \$500 per camper are available for those families whose income is at or less than 200% of the current federal poverty guidelines (listed below).



Persons in Family Or Household	2025 US HHS Poverty Guidelines	200% of Poverty Guidelines
1	\$15,960	\$31,920
2	\$21,640	\$43,280
3	\$27,320	\$54,640
4	\$33,000	\$66,000
5	\$38,680	\$77,360
6	\$44,360	\$88,720
7	\$50,040	\$100,080
8	\$55,720	\$111,440

Camperships are limited to one session per year per person. If you qualify for a campership, please complete the information below. This section applies to the person responsible for payment of camp fees. If the camper is claimed as a dependent by the person responsible for payment, ALL household income must be included, or you will not be considered for a campership.

**CAMP NAME:** \_\_\_\_\_ **TOTAL COST OF SESSION \$** \_\_\_\_\_

**CAMPER DEPOSIT \$** \_\_\_\_\_ **ASSISTANCE RECEIVED \$** \_\_\_\_\_ **BALANCE DUE \$** \_\_\_\_\_

**CAMPER NAME:** \_\_\_\_\_ **DATE OF CAMP SESSION** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**A. Person Responsible for payment:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper  Parent  Guardian  Other \_\_\_\_\_ Email: \_\_\_\_\_

**B. Place of Employment** \_\_\_\_\_ **Position** \_\_\_\_\_

**C. Monthly Household Income – Please enter TOTAL household income for the responsible party.**

1. Salaries and Wages \$ \_\_\_\_\_

2. Other Income (Disability, SS, Retirement, Unemployment, etc.)

\$ \_\_\_\_\_

3. Camper Income\*\* (Employment, SSI, SSDI, etc.)

\$ \_\_\_\_\_

**TOTAL GROSS MONTHLY FAMILY INCOME**

\$ \_\_\_\_\_

\*\* Camper income MUST be entered whether they are a dependent of the responsible party or not. D. Dependents – Please list ALL individuals who are dependents of the responsible party.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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E. Adjusted Gross Household Income recorded on current Federal Income Taxes Return \$ \_\_\_\_\_

\*copy of current federal income tax filing MUST be included. If income taxes were not filed, please include a copy of your W-2 and/or a current Social Security benefit statement, or two most recent pay stubs.

**AUTHORIZATION**

I certify that the statements and information made in this application are true and correct to the best of my knowledge.

Completed by:  Camper     Parent     Guardian     Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

EMAIL/MAIL ALL APPLICATIONS  
TO:

ANITA MCHENRY  
FLORIDA LIONS FOUNDATION  
256 5TH STREET NW  
LARGO, FL 33770  
lionanitamchenry@lionssavingsight.org

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[lionanitamchenry@lionssavingsight.org](mailto:lionanitamchenry@lionssavingsight.org)

