

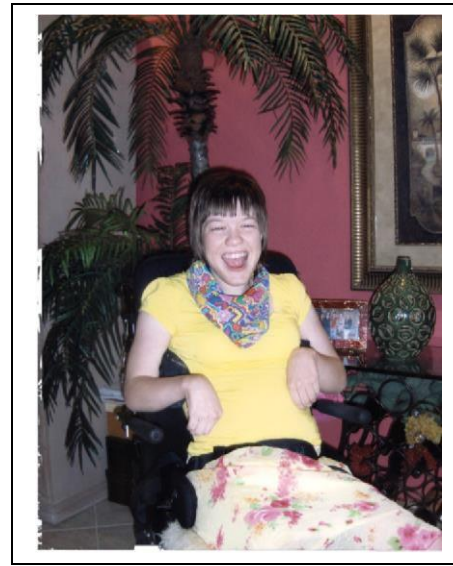
KIMBERLEY DAWN OWENS CAMBERSHIP FUND

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	\$15,650	\$31,300
2	\$21,150	\$42,300
3	\$26,650	\$53,300
4	\$32,150	\$64,300
5	\$37,650	\$75,300
6	\$43,150	\$86,300
7	\$48,650	\$97,300
8	\$54,150	\$108,300

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 _____

O Camper O Parent O Guardian O 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

\$ _____

1

** 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.

Name

Age

Relationship

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:

A. GEOFFREY WADE
FLORIDA LIONS FOUNDATION
5476 NW CULVER COURT
PORT ST. LUCIE, FL 34986-4024 flfwade@gmail.com

For information call/email:

772-340-1675 – Home

772-521-6986 – Cell 772-777-4584

– Fax

flfwade@gmail.com