



2023 SPJST Campership Application

Through the generosity of our donors, SPJST can provide a limited number of camperships to people in financial need. Camperships are available to people based on the United States poverty guidelines outlined below. To help as many people as possible, each person is eligible for one campership in a calendar year. Camperships for youth programs will only be provided to residents of Texas.

• Financial Eligibility •

Household Size	100% Federal Poverty Guidelines	You are eligible for a campership up to 80% of the camp fee (150% of poverty level)	You are eligible for a campership up to 50% of the camp fee (200% of poverty level)
# of Members	Annual Income	Annual Household Income	Annual Household Income
1	\$13,590	\$20,385	\$27,180
2	\$18,310	\$27,465	\$36,620
3	\$23,030	\$34,545	\$46,060
4	\$27,750	\$41,625	\$55,500
5	\$32,470	\$48,705	\$64,940
6	\$37,190	\$55,785	\$74,380
7	\$41,910	\$62,865	\$83,820
8	\$46,630	\$69,945	\$93,260

Camper Name: _____ Age: _____

Camper Address: _____
Street Apt # City State Zip

Camper Resides: Home with Parents Independently Group Home Other: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Parent/Guardian Name: _____ Marital Status: _____

Place of Employment: _____ Business Phone: (_____) _____

Name of Spouse: _____

Place of Employment: _____ Business Phone: (_____) _____

• Please List Children and Other Dependents Living at Home •

Name:	Relationship to Camper:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use the space provided below to list any extraordinary expenses, medical problems, therapies, equipment purchases, children in college, etc. which place a burden on your ability to pay the camp fee.

• Income and Expenses •

Please list the current household income source and amount of income before deductions such as taxes and social security. If you have more than one check from any of the following, please combine to indicate your total amount.

Yearly Household Income

Income Source	Amount
Wages/Salary	\$ _____
Social Security	\$ _____
Public Assistance	\$ _____
Unemployment Compensation	\$ _____
Child Support	\$ _____
Pension or Retirement	\$ _____
Camper Social Security Payment	\$ _____
Other	\$ _____
Total income for the year:	\$ _____

Yearly Household Expenses

Expenses	Amount
Rent/Mortgage	\$ _____
Medical Expenses	\$ _____
Utilities	\$ _____
Insurance	\$ _____
Car Payment/s	\$ _____
Total expenses for the year:	\$ _____

SPJST strives to assist as many campers as possible to experience camp regardless of financial challenges. Our campership dollars can spread further when families contribute what they can to the total cost of camp, allowing us to award a partial campership. Please list the amount below you are able to pay towards the total cost of camp.

Total amount you will pay: \$ _____ Total campership amount requested: \$ _____

*** Please note: These amounts should equal the total camp fee amount. ***

Signature of Parent/Guardian: _____ Date: _____

• Proof of Income •

You must attach proof of income to the application. All information will be confidential.

Acceptable proof of income may include:

- W2
- SSI Award Letter
- Tax Return
- Bank Account Statement showing SSI monthly deposits (please black out account numbers)
- 3 Consecutive Pay Check Stubs

All campership applications will be kept confidential and reviewed internally by the campership committee. The campership committee reviews applications and makes decisions for camperships based on need and availability of funds.

Return application as soon as possible to: SPJST, Attn: Camperships, PO Box 100, Temple, TX 76503-0100. For more information, contact the State Fraternal Director at 254-773-1575, ext. 177.