



2025 Camp Albrecht Acres Campership / Financial Aid Form

Our financial aid, known as a 'campership,' is derived from donations received from various sources. As our resources are limited, we would appreciate if you would contact your local Department of Human Services office for information on funds available through them and/or any organizations, clubs, churches or other groups who may want to sponsor your camper. The 2025 Summer Camp Fee for a weekly session is \$700 and Day Camp is \$100.

If your camper does not receive agency funding and cannot afford to pay the full amount of the Camp Fee, financial aid can be available through camp in the form of a campership. **Please attach your 2024 IRS 1040 form along with corresponding W-2s to complete the financial aid request.** If you claim your adult camper as a dependent on your tax return, please use your household income and documentation to file for financial aid.

Guidelines for requests:

- Every camper is responsible for paying \$350 of the summer camp fee. A campership will cover the remaining balance of the fee for a weekly camp session.
- Day camp, as well as respite camps throughout the year, are not eligible for a campership.
- Campers attending more than one session are not eligible for a campership
- Applications that are missing supporting documents, or are incomplete, are not eligible for a campership

Please complete the Campership Financial Aid Request below and return it to the main office via mail/email/fax as soon as possible. If you are completing a Campership application for more than one camper, please complete the form and attach documents for each camper.

CAMPERSHIP FINANCIAL AID REQUEST

Camper Name: _____ DOB: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Have you sent in your application to camp? Yes No

If yes, session week requested: _____

Reason for Campership request (Explain camper's individual need):

The following information **MUST** be provided for us to process your application:

Total annual income: \$ _____ in the year _____

Our camper is able to pay: \$ _____

Total amount requested: \$ _____ **Cannot exceed \$350**

I have attached the following documentation:

1040 form W-2 form Other: _____

To the best of my knowledge the above statements are true:

Signature: _____ Date: _____

Printed Name of Parent/Guardian/Camper: _____

To submit, please save this completed Campership application as a PDF and email it as an attachment to registration@albrechtacres.org. OR, print and mail to Camp Albrecht Acres, PO Box 50, Sherrill, IA 52073. Once received and the camper's application has been processed, a confirmation email will be sent within 10-14 business days.

OFFICE USE ONLY:

Date Request Received: _____ Approved Amount: _____

Denial Reason: _____

CAA Staff: _____