



## 2026 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 2026 Summer Camp Fee for a weekly session is \$800 and Family Camp is \$300 per person.

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 2025 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 \$400 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):

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**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](mailto: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.

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**OFFICE USE ONLY:**

Date Request Received: \_\_\_\_\_ Approved Amount: \_\_\_\_\_

Denial Reason: \_\_\_\_\_

CAA Staff: \_\_\_\_\_