Camp Tekakwitha Scholarship Request

The mission of Camp Tekakwitha is to invite and guide young people into a deeper encounter with Jesus Christ amidst the beauty of God's natural creation. We want all young people to have the opportunity to experience this mission in action, and we work hard to ensure that it is available to all families, regardless of financial ability. We kindly ask that this form is submitted within one month of registering your family for summer camp.

As you prepare to apply:

1. **Determine what you can afford.** We know that people value what they pay for, and we want you to value your camp experience. All families are required to pay the $68 deposit for each camper. We ask for your honesty in ability to pay remaining camp fees. *(Typical requests fall between $100-$400).*
2. **Check with local organizations for support.** We want to be able to help every camper who requests aid, but we do have limited resources. We ask that you help us steward our funds by checking with some of the resources below for support as well.
    a. **Local Parish:** Many parishes are excited to work with your camper to help them come to Camp! Ask your local pastor or youth minister/DRE if there might be grant funding, fundraising opportunities, or other support for your family.
    b. **Community or Government agencies.** Check with your local Knights of Columbus or Catholic Financial Life branch for special scholarships they have available. If your camper is receiving state or other assistance, check with those agencies for support.
3. **Request a Camp Tekakwitha scholarship.** Our campership fund is supported by The Catholic Foundation of the Diocese of Green Bay along with generous donors through our annual appeal.

To apply, please submit the following information:

- Completed aid request form (found below)
- Letter from each camper sharing what Camp means to them and how attending Camp will make an impact on them. ***Note: To help ensure we continue to receive financial gifts to support our campership fund, this note may be anonymously shared with donors.*

Email, mail, or deliver completed items to Camp Tekakwitha using the contact details below within one month of registering your camper for camp. After one month, we cannot guarantee full award amounts for returning families. You will receive follow-up from Kaitlynn Kupsky, Summer Camp Director, within two weeks of your family's application submission.

Please reach out with any questions or concerns!

715-526-2316 W5248 Lake Drive Shawano, WI 54166 camptekakwitha@gbdioc.org

2027 Aid Request Form

Camper Information	
Camper's Name:	Birthdate:
Camp Program: _____ Lil Tek _____Mini Week _____ Full Week _____ Leadership Programs	
Parent/Guardian Name:	
Address:	
Email:	Phone:

Additional Camper Information		
Camper #2 Name:	Birthdate:	Camp Program:
Camper #3 Name:	Birthdate:	Camp Program:
Camper #4 Name:	Birthdate:	Camp Program:

Family Information		
Number of household members:	Number of family members registered at Camp Tekakwitha this summer:	How long has your family been attending Camp Tek?
Does your family qualify for free or reduced lunches at school? _____ Yes _____ No		
Are there any special circumstances that may qualify your family for financial assistance (medical issues, life changing events, etc.)?		
Has your family received a camper scholarship in the past? (If so, when? For how much?)		

Scholarship Calculation (please use whole dollar amounts)	
Cost of Camp:	Line A $ _____
Discounts Applied:	Line B $ _____
Family Contribution:	Line C $ _____
Church Scholarship (Name/City of Parish):	Line D $ _____
Other Support (Knights of Columbus, Catholic Financial Life, etc.):	Line E $ _____
Amount of your request (Line A – Lines B, C, D, E):	**$ _____**

Office Use Only	Date granted:	Aid approved: $ _____
	Other:	

Please note: Completing this form does not guarantee your child a spot at Camp unless your registration has been fully completed through UltraCamp.

_____ _____

Signature of Applicant Date