

Camp Mark Seven Campership Application

Child's Name: _____	Program: _____ Deaf _____ KODA
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Child's Name: _____	Program: _____ Deaf _____ KODA
Parents' Name(s) _____	
Address: _____	
City: _____	State: _____ Zip: _____

Did your child(ren) receive a CM7 Campership in the past? Yes _____ No _____

If yes, what year(s) did the child receive the campership? _____

Adjusted Gross Income on 2007 Form 1040 of parent(s):

Filed Single or Joint: \$ _____ (line 37)

Did you receive any other income that was **not** part of the above **Adjusted Gross Income**?
(for example: child support, stock dividends) Yes _____ No _____

If yes, what was the total credit for this past year? \$ _____

What are your reasons for requesting financial assistance? Please explain briefly:

Parent's Signature: _____ Date: _____

Please attach the **front copy of your 2007 Form 1040** with this campership application form.
This application will not be reviewed if there is no copy of your tax document.

DEADLINE: Postmarked by May 15, 2008

*All information given will be held confidential.
You will receive a letter regarding your application in the mail.*

Mail the form & tax document to:
Camp Mark 7
c/o Campership
PO Box 23054
Rochester, NY 14692