



Campership Evaluation Report 2018

During your in-person meeting with the parent/camper, fill out the fee worksheet portion of this form (pg. 2). When you have the completed the meeting, please complete the summary report below. This report is confidentially filled out. Please return this report and the parent's application form, to the camp office as soon as possible after your interview. Thank you for your support.

Camper's Name: _____

Camp Session: _____

Assessment Area

1. Financial

The family has expressed their financial need as:

Extreme Significant at this time Moderate Some assistance appreciated

Social Assistance. Is the family on **social assistance**? Please check: Yes No

If yes, what amount has their Financial Aid Worker told them they can receive for camping assistance? \$_____ Tender this amount as "Other Contributions" on back.

Previous Year's Income Tax Return Amount: \$_____

2. Motivation

Estimate the camper's desire to go to camp/to attend Camp Artaban:

Strongly Opposed Opposed Apathetic Neutral
 Curious Enthusiastic Very Enthusiastic Did not meet

Comments: _____

Has the child been to camp before? Yes No

Estimate the parent's/guardian's desire for the camper to attend Artaban?

Strongly Opposed Opposed Apathetic Neutral
 Curious Enthusiastic Very Enthusiastic Did not meet

3. Mutual Benefit

The final evaluation we ask you to make is to determine whether there is the reasonable expectation that both the **camper** and the **camp** are right for each other and that both will therefore benefit from the camper being subsidized. Please indicate your estimation below:

1. It is hoped that the camper will benefit from attending Artaban. After your interview do you expect this to be: Unlikely Somewhat Likely Likely Very Likely

2. It is also hoped that the camp and our staff will benefit from having the opportunity to serve this camper. After your interview, how do you anticipate the camp staff will respond to this camper:

Very Positively Positively With Indifference With some difficulty
 With Difficulty May be unable to meet this camper's needs.

3. Does the applicant have any physical or mental challenges that deserve attention?

Yes No If yes please explain below:

I have completed the interview and in consideration of our ministries, the expressed financial need of the family, the desire of the camper to attend Artaban and the reasonable expectation for mutual benefit, I am forwarding this report to the camp office with the following recommendation. I believe the applicant is: Highly Deserving Moderately Deserving Minimally Deserving
 Not Deserving - of our financial support in this ministry.

Camp Artaban Campership Worksheet

Camper Name: _____ Camp Attending: _____

Camp Fees for this session:	\$ _____
Parent's Contribution: <i><u>(We encourage a \$100 contribution for each camper)</u></i>	\$ _____
Subtotal Remaining:	\$ _____
Other Contributions (if any):	\$ _____ \$ _____ \$ _____
End Balance Remaining:	\$ _____

The Camp Artaban Society already subsidizes all camp fees. Do you feel further financial assistance is warranted in this case?

Yes No

If yes, given the balance remaining what level of subsidy do you recommend that Artaban attempt to finance?

Low Medium High

**Thank you for your assistance!*

Name of Interviewer: _____ Parish: _____

Date: _____

This portion for Artaban Office Use only:

Full Fee: \$ _____	Campership Approved: \$ _____
Request granted by: _____	Date: _____
Date Entered in Database: _____	Date Entered in Campership Report: _____
Date Entered on Deposit Sheet: _____	