

# CAMP RAY OF HOPE

## Registration Form

If you or your family attend Camp Ray of Hope, please complete the form and return it with a non-refundable \$25.00 deposit to our office. The deposit will be applied towards your registration fee. The balance is due by August 30<sup>th</sup>.

Name of family member (first & last)	Date of Birth	Relationship to deceased
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

*(Use separate piece of paper if additional space is necessary)*

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ *Best time to reach you* \_\_\_\_\_

Name of deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian place(s) of employment (optional): \_\_\_\_\_

Address: \_\_\_\_\_

- Enclosed is my registration fee of \$ \_\_\_\_\_. *Make checks payable to: HVWA.*  
*(Cost for the weekend is \$60.00/person or \$180.00 per household)*
- I am interested in available scholarships. ***Please fill out form on reverse side.***
- I will not be attending Camp Ray of Hope but wish to sponsor a family. Enclosed is a \$ \_\_\_\_\_ donation.
- Please charge registration fee of \$ \_\_\_\_\_ to my:     Visa     Mastercard  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
V-code: \_\_\_\_\_ (3-digit number on back of card)  
Signature: \_\_\_\_\_

### **Confidentiality Statement**

We/I understand that Camp Ray of Hope provides a peer support group setting and does NOT offer therapy. I understand that the support group facilitators are not licensed counselors, but are trained volunteers.

We/I understand Camp Ray of Hope volunteers will honor confidentiality except in a case that a participant's or another person's safety is threatened.

Single camper, parent(s) or guardians(s) please sign below if you understand and agree with the above statement.

This release will remain in effect as long as I/we remain involved with Hospice Volunteers of Waterville Area's Camp Ray of Hope.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Photo Release**

Pictures of our weekend at Camp Ray of Hope will be compiled into a yearbook. Our photographer will be on site all weekend taking candid shots. In consideration of your privacy, the pictures will be taken during outdoor activities or large group gatherings, and not during private group sessions. Pictures may also be used to publicize future events for Hospice Volunteers of Waterville Area. If you agree with the above, and we have permission to take pictures of you and your family at Camp Ray of Hope, please sign below.

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Mail registration form to: CAMP RAY OF HOPE  
Hospice Volunteers of Waterville Area  
304 Main Street  
Waterville, ME 04903-0200

**For more information about Hospice services or volunteering call 873-3615 or visit our website at [www.hvwa.org](http://www.hvwa.org)**

## HOSPICE VOLUNTEERS OF WATERVILLE AREA Camp Ray of Hope Registrations and Scholarships

Camp Ray of Hope is a statewide program founded in 1995 to provide support to families with dependant children ages 3-18 years and young adults ages 18-25. Older adults may attend but the number of these participants may be limited based on available space and resources. Camp Ray of Hope scholarships are available through grants and individual donations. The amount of a scholarship is based on individual need, available funds and exceptional circumstances. Families applying for a scholarship should expect to pay as much as they possibly can toward the fee.

It is the policy of Hospice Volunteers of Waterville Area that grieving families with dependant children ages 3-18 years and adult individuals ages 18 and older will be considered for Camp Ray of Hope scholarships. A family is defined as: One household that includes one or two parents or guardian(s) and their dependant child(ren). Extended family, friends and individuals from other households must register and apply for scholarships separately. Scholarship applicants are encouraged to contribute part of their registration fee.

The CROH scholarship committee includes at minimum the HVWA Executive Director, one Camp Ray of Hope volunteer, and the HVWA Youth Services Coordinator. The committee will review and discuss scholarship applications. All information will remain confidential among committee members. The first round of applications will be reviewed mid-August; after that, applications will be reviewed weekly and decisions will be made based on family needs, the number of requests received, and remaining funds.

Scholarships will be awarded up to the amount budgeted by HVWA for any given year plus donations designated for this purpose. To be considered application forms must be completed and received in the HVWA office by the requested date. Sincerity of applicant's intent and commitment to the program are taken into consideration.

- A. Need will be determined based on completed applications and scholarship recipients will be prioritized in the following order:
1. First year campers with dependant children ages 3-18years
  2. First year teen and young adult campers age 18 - 25 who are attending alone.
  3. Second then third year campers either young adult / teens or families with dependant children ages 3-18years
  4. Individual adults over 25years of age. First year campers will be given priority, then second then third year campers.
  5. Families with dependant children 3-18years will be considered for scholarships after three years and will be given priority based on camper / family needs assessments and completed applications.

### Scholarship Application

The cost of the Camp Ray of Hope is \$60.00 for one person or \$180.00 per household. Please submit a non-refundable \$25.00 deposit fee with this application. This will be applied toward your registration fee or scholarship if approved.

OFFICE USE: amt \_\_\_\_\_  
status: \_\_\_\_ years attend. \_\_\_\_

#### Family Information:

Name \_\_\_\_\_ Tel. # \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 (if different from above)

#### Confidential Information (must be complete)

Your occupation _____	Sources of income (circle) Wages	Other	
Spouse occupation _____	Amount of request:		
Total number of people in household _____	*Program fee (minus the \$25 required deposit)		\$ _____
Do you qualify for free or reduced school lunch? _____	My family can pay		\$ _____
Annual family income ( <b>Must be completed</b> ) _____	I am requesting from HVWA		\$ _____

Gross annual family income as of application date

Below \$10,000    \$10,001 - \$20,000    \$20,001 - \$30,000    \$30,001 - \$40,000    Above \$40,000

**Parent or Guardian Statement** I am requesting a scholarship because:

\_\_\_\_\_

**In signing this application I declare this information to be precise, true, and correct.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_