

2012 CAMPSHIP APPLICATION

COMMUNITY CAMPSHIP COUNCIL OF SAN DIEGO

Dear Campership Applicant/(or Parent),

To qualify for a "campership" all information on this application must be completed. If these few guidelines are followed the processing time for applications is greatly reduced. All information provided is confidential. Children should be between ages 6 and 17. CCC funds provide up to 50% of the cost of an approved camp. Only one campership per year is awarded to each individual. The application must then be sent to the camp for which you are applying.

Thank you,

The Community Campership Council Staff

PLEASE PRINT OR TYPE INFORMATION

CAMP DESIRED _____ SESSION DESIRED _____

CAMP FEE \$ _____ HOW MUCH DO YOU FEEL YOU CAN PAY? \$ _____

SECTION I - TO BE COMPLETED BY APPLICANT/(OR PARENT)

Last Name First Middle

Address City Zip

Name of Parent/Guardian at same address Phone_____

Age_____ Boy_____ Girl_____ How many are in your immediate family?_____

Amount of Annual Gross (before tax) Income \$ _____

Please Enclose Proof of Your Income

2011 Poverty Guidelines		25% above the Poverty Line	Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income	Yearly Income
2	\$14,710	\$18,388	\$19,123	\$27,214
3	\$18,530	\$23,163	\$24,089	\$34,281
4	\$22,350	\$27,938	\$29,055	\$41,348
For each additional person, add	\$3,820	\$4,775	\$4,966	\$7,067

Is family receiving Public Assistance? _____ Case Number _____

Is this a foster home? ____yes ____no (Eligibility for a foster child is based on the child=s income. Please provide documentation as available)

Please check Voluntary demographic information: Military () Disabled ()

African American () Latino () Asian Pacific () Native American () Caucasian () Other/Multi ()

(Please turn the page over)

If the family income is over the guideline given but assistance is needed, please give the reasons.

I have completed this application, and to the best of my knowledge, all of the information is true, correct and complete.

Signature of Parent or Guardian

Date

PLEASE RETURN THESE FORMS TO:

Section II - To be completed by Camp/Agency

CAMP NAME _____ SESSION _____

DATES _____

CAMP FEE \$ _____

AMOUNT PAID BY FAMILY \$ _____

AMOUNT PAID BY CAMP \$ _____

BALANCE REQUESTED \$ _____

Before signing and submitting to the Community Campership Council is:

- (1) _____ Application completed in full and signed?
- (2) _____ Proof of income attached?
- (3) _____ If income is over guidelines are reasons given for needing the Campership?

Staff Signature _____

Date _____

Camp/Agency _____

Phone _____

Camper Referred by: _____

Phone _____

Comments: