

2008 CAMPERSHIP APPLICATION

COMMUNITY CAMPERSHIP COUNCIL OF SAN DIEGO

Dear Campership Applicant/(or Parent),

To qualify for a "campership" all information on this application must be completed. The application must then be sent to the camp for which you are applying. Also, be sure that you attach proof of income. If your income is over the guidelines please give the reasons why assistance is needed. If these few guidelines are followed the processing time for applications is greatly reduced. 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 family? ____

Amount of Annual Gross (before tax) Income _____ **PLEASE ENCLOSE PROOF OF YOUR INCOME**

2007-2008 Poverty Guidelines		25% above the Poverty Line	Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income	Yearly Income
2	\$13,690	\$17,113	\$17,797	\$25,327
3	\$17,170	\$21,463	\$22,321	\$31,765
4	\$20,650	\$25,813	\$26,846	\$38,203
For each additional person, add	\$3,480	\$4,350	\$4,524	\$6,438

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)

Voluntary demographic information: Military () Disabled ()

Please Check: Caucasian () Latino () African American () Native American () Asian Pacific () Other ()

(Please turn the page over)

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

All information is confidential and must be completed. Each parent or guardian must participate with a partial payment. You are responsible for reading both sides of this application and the information you give must be true. Only ONE Campership per year is awarded to each individual Applicant (Ages 6 to 17).

Signature of Parent or Guardian

Date

PLEASE RETURN THESE FORMS TO:

**Camp Stevens
PO Box 2320
Julian, CA 92036**

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: