

CAMPERSHIP APPLICATION 2017
EPISCOPAL DIOCESES OF LOS ANGELES AND SAN DIEGO

- This form will be held confidentially and made available only to the Campership Committee.
- Fees are listed in the brochure and are available at www.campstevens.org/summer.
- Local church or supporting organization must make every effort to assist applicants with part of the funds needed.

Please mail this form with your deposit to: **Campership Committee P.O. Box 2320, Julian, CA 92036**
 Please make checks payable to **Camp Stevens**. Call (760) 765-0028 to pay with a debit/credit card.
 For questions call the Camp Registrar at (760) 765-0028 or email registrar@campstevens.org.

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED, ALL QUESTIONS MUST BE ANSWERED.

Camper's Full Name _____ Sex _____ Date of Birth ____/____/____
 Parent's/Guardian's Name _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Have you already registered your camper?
 Yes - If so, for which session? _____
 No - If not, which session does your camper wish to attend? (1st choice) _____ (2nd) _____ (3rd) _____
 Camper's Ethnic Background: American Indian Asian/Pacific Islander White Latino African American Other

FINANCIAL ELIGIBILITY REQUIREMENTS

Camperships can only be awarded to families making at most the maximum listed for corresponding family size. Please attach proof of your income.

Current Poverty Guidelines		Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income
2	\$16,020	\$20,826	\$29,637
3	\$20,160	\$26,206	\$37,296
4	\$24,300	\$31,590	\$44,955
For each additional person, add:	\$4,160	\$5,408	\$7,696

Family Monthly Income (average) \$ _____ Family gross income: \$ _____ per year
A - Who provides this income? _____
B - Is this child in foster care, on Medi-Cal or AFDC/TANF? _____
 If Yes, provide County Identification (Case) # _____ *Please send a photocopy of appropriate state document with ID#.*

Family Size _____ Camper lives with: Mother Father Both Other _____
 Number of dependent children in family _____ (# of Boys/Ages _____ # of Girls/Ages _____)

To provide for maximum use of campership funds and for the value of a personal investment of the family, each family is requested to make some payment toward the cost of the camping experience. The suggested family contribution is \$250, with a minimum of \$100.

List AMOUNT of the camp fee that will be paid by: Family \$ _____ Church/Organization \$ _____ Other \$ _____

PLEASE LIST IN DETAIL THE MAIN REASONS WHY THIS APPLICANT SHOULD BE CONSIDERED:

Form completed by _____ Phone (____) _____
 Church or Organization _____ Email _____
 Address _____ City, State, Zip _____

PLEASE ANSWER ALL QUESTIONS ON THE OTHER SIDE OF THIS FORM.

Camper's Full Name _____

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1. Describe the child's home and neighborhood environment.
2. Please describe in detail any difficulties the child or family has experienced, such as physical, mental, emotional or situational problems.
3. Describe positive qualities the child or family has demonstrated (determination, initiative, etc.).
These qualities should illustrate the reasons the child should be chosen to receive a campership.
4. What are the child's interests, future goals, and/or hobbies?
- 5) Child's grade level/potential.