

*****Note: If you are filling out a campership application for a camper in San Diego County, please complete *only* pgs. 2-3. If you are filling out a campership application for a camper outside of San Diego County, please complete *only* pgs. 4-5. Thank you.**

CAMPERSHIP APPLICATION 2018

COMMUNITY CAMPERSHIP 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.

Please print clearly or type the requested information in the form below.

Thank you,
The Community Campership Council Staff

SECTION I – TO BE COMPLETED BY THE APPLICANT OR PARENT

Camp Desired _____ Session _____

Camp Registration Fee \$ _____ How much do you think you can pay \$ _____

Last Name First Name Middle Name

Address City, State Zip

Name of Parent or Guardian at Same Address Phone (Primary) Phone (Secondary)

Camper's Age: _____ Grade: _____ How many are in your immediate family? _____

Camper's Gender: Boy Girl Gross Annual Income (Before Tax) \$ _____

Please Enclose Proof of Your Income

Current Poverty Guidelines		Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income
2	\$16,240	\$21,112	\$30,044
3	\$20,420	\$26,546	\$37,777
4	\$24,600	\$31,980	\$45,510
For each additional person, add:	\$4,180	\$5,434	\$7,733

Is family receiving Public Assistance? Yes No

Case Number: _____

Eligibility for a foster child is based on the child's income.

Please provide documentation as available.

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

Please Check Voluntary Demographic Information:

African American Latino Asian Pacific Military Native American Disabled Caucasian Other/Multi

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

Printed Name

Date

Please return the form and proof of income to:



CAMP STEVENS

RETREAT CENTER & SUMMER CAMP
P.O. BOX 2320 | JULIAN, CA 92036

PHONE: 760.765.0028 | EMAIL: INFO@CAMPSTEVENS.ORG

SECTION II - TO BE COMPLETED BY THE CAMP/AGENCY

Camp Name _____

CAMP REGISTRATION FEE \$ _____

Session Desired _____

AMOUNT PAID BY FAMILY \$ _____

Dates _____

AMOUNT PAID BY CAMP \$ _____

BALANCE REQUESTED \$ _____

Before Signing and Submitting:

- Application completed in full and signed?
- Proof of income attached?
- If income is over guidelines, are reasons given for needing the Campership?

Staff Signature _____

Date _____

Camp / Agency _____

Phone _____

Camper Referred by _____

Phone _____

Comments:

CAMPERSHIP APPLICATION 2018

EPISCOPAL DIOCESES OF LOS ANGELES & COUNTIES SURROUNDING (NOT 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
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For each additional person, add:	\$4,180	\$5,434	\$7,733

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 _____

Camper's Full Name _____

Page 2 | Please use additional pages if needed.

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.