

CAMP STEVENS

2020 Campership Application

Choose a home county: Los Angeles San Diego Other: _____

Total Camp Fee: _____ - Family Contribution: _____ = Amount Requested

Camper Last Name: _____ Camper First Name: _____ Camper Age: _____

Household Address: _____
City State

Name of Parent/Guardian at the same address: _____

How many people live in this household? _____ Amount of Annual Income (before taxes): _____

Is your family receiving public assistance? **(Circle one)** Yes No Not Sure Program name and case number if applicable:

Is this child in the foster care system? **(Circle one)** Yes No Not Sure Caseworker, Social Worker, or Case number:
Eligibility for a foster child is based on the child's income _____

Documentation: Camp Stevens does not require documentation for this information. We do reserve the right to request documentation at any point in the process.

Voluntary demographic information

Completing this portion helps Camp Stevens make a case for getting more kids to camp. Please complete this portion to make funding possible in the future. Thank you!

Is someone in the family retired or active military? **(Circle one)** Yes No

Do any of your family/household members have a disability? **(Circle one)** Child(ren) Parent Other None

(Circle the most applicable description/s below)

- | | |
|-------------------------|-------------------------|
| <i>African-American</i> | <i>Pacific Islander</i> |
| <i>African</i> | <i>Native-American</i> |
| <i>Latino</i> | <i>Caucasian</i> |
| <i>Asian-American</i> | <i>Asian</i> |
| <i>Other:</i> _____ | |

If you would like to share more details, please use the space below.

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

Print Parent/Guardian Name

Sign Parent/Guardian Name

CAMP STEVENS USE ONLY

Total Cost: _____

Family Contribution: _____

Total Campership Awarded:

Entered into Camp Brain by: _____ **date:** _____

Additional notes:

Approved by: _____ **Date:** _____