

Summer Camp Season 2012



Dear Parents and Guardians:

Thank you for your interest in Camp Oliver. Enclosed is the Campership Application that you requested. We would like to remind you of a few things:

- ❖ Please fill out the application **COMPLETELY**.
- ❖ **Camperships are given to each child for only one session.**
- ❖ Camperships will not be considered without a **\$100** deposit per camper.  
The **\$100** deposit is applied towards the overall camp tuition.  
**We cannot reserve a space for your child without a deposit.**
- ❖ Please enclose your **proof of income** with the completed application.
- ❖ If this is a two income family, please include proof for both parents/guardians.

Acceptable forms of Proof of Income are:

A copy of a pay stub, tax return form or income statement.

*We will not be unable to process your application without this information.*

- ❖ Camperships are given on an as needed basis. There are many families requesting funds. We will give each camper as much as we possibly can.
- ❖ **If you are still unable to afford camp after a Campership is offered, and do not wish to send your child, please write a letter of explanation and we will refund your deposit.**
- ❖ Payment plans are available. Please contact our office for more information.

If you have any questions, please do not hesitate to contact us at (619) 445-5945 or email us at [registration@campoliver.com](mailto:registration@campoliver.com).

Thank you for your cooperation. We look forward to seeing your camper this summer!

Sincerely,

A handwritten signature in black ink, appearing to read "Tina Brown".

Camp Oliver, Administrative Assistant

**2012 CAMPSHIP APPLICATION**

**COMMUNITY CAMPSHIP COUNCIL OF SAN DIEGO**

Dear Parent or Guardian of Campership Applicant,

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 15. 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

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PLEASE PRINT OR TYPE INFORMATION

CAMP DESIRED CAMP OLIVER SESSION DESIRED \_\_\_\_\_

CAMP FEE \$375.00 **HOW MUCH DO YOU FEEL YOU CAN PAY? \$** \_\_\_\_\_

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

Last Name of Camper \_\_\_\_\_ 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**

2010-2011 Poverty Guidelines		25% above	Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income	Maximum 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 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.

**Please continue on page 2**

Is this person related to a Disabled American Veteran? \_\_\_yes \_\_\_no

If so, please provide Veteran's Name:\_\_\_\_\_

Veteran's Social Security # \_\_\_\_\_ Relationship to Veteran \_\_\_\_\_

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

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

If the family income is over the guideline given but assistance is needed, please state the reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have completed this application 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: Camp Oliver, P.O. Box 206, Descanso, CA 91916**

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**Section II - To be completed by Camp/Agency**

CAMP NAME Camp Oliver SESSION \_\_\_\_\_

DATES \_\_\_\_\_

Camp Fee \$ 375.00

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?

\_\_\_ Poverty \_\_\_ Free Lunch \_\_\_ Reduced Lunch

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

CAMP OLIVER 619-445-5945

Camper Referred by: \_\_\_\_\_ Phone \_\_\_\_\_