

Summer Camp Season 2010



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.

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

Sincerely,

Trista Brant

Administrative Assistant

2010 CAMPERSHIP APPLICATION

COMMUNITY CAMPERSHIP 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 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.

Thank you,

The Community Campership Council Staff

PLEASE PRINT OR TYPE INFORMATION

CAMP DESIRED CAMP OLIVER SESSION DESIRED _____

CAMP FEE \$ 325.00 **HOW MUCH DO YOU FEEL YOU CAN PAY? \$** _____

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

2009-2010 Poverty Guidelines		25% above	Free Lunch	Reduced Lunch
Persons in Family Unit	Yearly Income	Yearly Income	Yearly Income	Maximum Yearly Income
2	\$14,570	\$18,212	\$18,941	\$26,955
3	\$18,310	\$22,888	\$23,803	\$33,874
4	\$22,050	\$27,563	\$28,665	\$40,793
For each person, add	\$3,740	\$4,675	\$4,862	\$6,919

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

Section II - To be completed by Camp/Agency

CAMP NAME Camp Oliver SESSION _____

DATES _____

Camp Fee \$ 325.00

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 _____