

CAMP WRIGHTWOOD CAMBERSHIP APPLICATION

EPISCOPAL DIOCESES OF LOS ANGELES

The Camp *Wrightwood Campership Fund* provides monies to assist youth to attend Camp Wrightwood summer sessions. These forms are held confidentially and are only made available to the Campership Committee. Scholarship money is provided by the LA Times Summer Camp Grant, The HTN Foundation, The Episcopal Diocese of Los Angeles, and generous donors from all over Southern California as well as churches. Camperships are available for one session per child.

To provide for maximum use of Campership funds and for the value of a personal investment all applicants are requested to make some payment toward the cost of the camping experience.

Please mail this form (with deposit and application from flyer) to:
CAMP WRIGHTWOOD, P.O. Box 457, Wrightwood, CA 92397
For questions call the Camp Office at (760) 249-3615
Please make checks payable to *Treasurer of the Diocese*

Camper's full name _____ Sex _____ Date of birth ____/____/____

Parent's/Guardian's name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

ALL QUESTIONS MUST BE ANSWERED FOR THIS APPLICATION TO BE CONSIDERED.

Camper's meeting the criteria in **Section A** may receive up to \$225 in scholarship money from the LA Times Campership Fund. Non qualifying families and/or families needing additional support need to fill out **Section B**.

SECTION A

Family gross income: \$ _____ per year. Who provides this income? _____
Is this child in foster care, on Medi-Cal or AFDC/TANF? _____
If Yes, provide County Identification (Case) # _____
Camper lives with: Mother _____ Father _____ Both _____ Other: _____
Number of dependent children in family _____ (# of Boys/Ages: _____ # of Girls/Ages: _____)
Camper's Ethnic Background _____ American Indian _____ Asian/Pacific Islander _____ Caucasian
_____ Latino _____ African American _____ Other
Financial Eligibility Requirement. (Monthly income is the maximum permitted for corresponding family size)
Family Monthly Income (average) \$ _____ Family size _____

Family Size	Monthly Income	Family Size	Monthly Income	Family Size	Monthly Income
2	\$2,110	5	\$3,720	8	\$5,329
3	\$2,647	6	\$4,256	9	\$5,865
4	\$3,183	7	\$4,793	10	\$6,401

SECTION B

Families that do not qualify for the LA Times Grant and/or families needing additional support need to fill out the remainder of this form.
Additional financial aid requested: \$ _____
Our family can contribute: \$ _____ (continued on back)

Explanation:

A confirmation will be sent after review of application and paperwork. All camper forms must be received at least three weeks before the session begins.

Form completed by: _____ Phone (____) _____

Church or Organization _____ Date _____