

APPLICATION FOR "CAMBERSHIP" (CAMP SCHOLARSHIP)

2010 Summer Day Camps and Camp Sealth

Please read the information in the attached letter.
All blanks must be completed in order to process this application.
 A separate application is needed for **each child**.

Send this form with your camp registration form and deposit to:
 Registrar, 4241 21st Ave W,
 Ste 200, Seattle, WA 98199
Application Deadlines:
For Camp Sealth—April 30, 2010
For Day Camps—June 18, 2010



Name of Child _____ Grade in Fall 2010 _____ Age Now _____
 Address _____ Home Phone (_____) _____
 City _____ State _____ Zip _____
 Parent/Guardian #1 _____ Employer _____ Work Phone _____
 Parent/Guardian #2 _____ Employer _____ Work Phone _____

APPLYING FOR FINANCIAL AID FOR: (Choose one program only)

- | | |
|--|---|
| <input type="checkbox"/> Camp Sealth Resident Camp
Session # _____
Program Name _____
Cost of Program \$ _____ | <input type="checkbox"/> Camp Fire Day Camp (other than Camp Sealth)
Site Name _____
Dates _____
Cost of Program \$ _____ |
| <input type="checkbox"/> Camp Sealth Day Camp
Session # _____
Program Name _____
Cost of Program \$ _____ | <input type="checkbox"/> Special Family Weekend (Camp Sealth, May 29-31)
Total cost for family \$ _____ |

AMOUNT YOU CAN PAY OF THE ABOVE COST: \$ _____

Your minimum responsibility is generally the deposit (\$30 for resident camp or \$10 for day camp or Special Family Weekend) **PLUS** the extra cost of any specialty program.

AMOUNT YOU WILL PAY WITH CAMP FIRE "CURRENCY" \$ _____
 (fund raiser bonus awarded to Camp Fire members)

LIST YOUR CURRENT GROSS MONTHLY INCOME FROM ALL SOURCES

Monthly Income Source

- \$ _____ Wages, tips, other earnings
- \$ _____ Child support
- \$ _____ Government, SSI or disability income (not including food stamps)
- \$ _____ Other: _____
- \$ _____ **Total**

NUMBER OF FAMILY MEMBERS SUPPORTED BY THIS INCOME: _____

OTHER FAMILY CIRCUMSTANCES WE SHOULD CONSIDER (use back)

DOES THIS CHILD QUALIFY FOR FREE OR REDUCED-PRICE SCHOOL LUNCHES?

- Yes – Free lunch Yes – Reduced Price No Unknown

PLEASE DESCRIBE OTHER NON-CASH SUPPORT YOU RECEIVE (FOOD STAMPS, HOUSING ASSISTANCE, ETC.)

NAME OF A PERSON WHO IS FAMILIAR WITH YOUR FAMILY SITUATION: _____

Daytime Phone _____ Relationship to child/family _____

I declare that the above information is true and complete and is provided to Camp Fire for the purpose of being considered for a Campership (camp scholarship) to enable my child to attend a Camp Fire activity. I understand that I may be required to provide evidence to verify the above information. I further give my permission for Camp Fire to contact the person listed above, for the purpose of verifying this information. I give permission for Camp Fire and any other Campership sponsors or funding providers to contact me for my feedback and evaluation of camp.

Signature of Parent or Legal Guardian _____ Daytime Phone _____

Print Name _____ Date _____

Office Use Only

RC	VDC	DC	SFW
Kitsap? Yes	No		
Member Status Yes	No		
OOO NE	Depl.	Late	
Program Fee _____			
Base fee _____			
Perc _____			
Calc _____			
Amnt Enclosed _____			
Balance Due _____			
Ltr Mailed _____			