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**Camp Fire Golden Empire**

**Campership Information/Application**

**To apply for a Campership:**

Please note: campership is awarded based on need and funds available.

1. **Register for camp:** Complete camp registrations forms and pay the required deposit. All campers are required to pay the deposit, even if applying for a campership.
2. Complete the Application
3. A letter from the child describing why they would like to go to camp, what they hope to learn and do while they are there.
4. A letter from the parent, stating how much they are able to pay toward the summer camp session, and describing how they believe their child will benefit from attending camp.
5. **Return the application and letters by May 12, 2023:**

**Camp Fire Golden Empire**

**Campership Application  
c/o Liz Geyer  
442 Pimlico Drive  
Walnut Creek CA 94597**

6. The Board of Directors makes the final decision on Campership awards and families will be notified in June.



Camp Fire Golden Empire

**Resident Campership Application**

*The following information is requested to in order to make camp campership award and we will utilize the information provided only for the camp campership award consideration.*

**Parent/Adult Information # of adults in family**

Name: \_ Gender: M F Parent Guardian

Address: City: Zip: \_\_\_

Email address:

Employer: Occupation: 

Unemployed Student

Daytime Phone : Home phone: \_\_

Name: Gender: M F Parent Guardian

Employer: Occupation: 

Unemployed Student

**Financial Information**

**List the total amount of gross monthly income from ALL sources**

Monthly Income Source

$\_\_\_\_\_\_\_\_\_\_\_ Wages, tips and other earnings from all wage earners

$\_\_\_\_\_\_\_\_\_\_\_ Child Support

$\_\_\_\_\_\_\_\_\_\_\_ Government, SSI or Disability

$\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$\_\_\_\_\_\_\_\_\_\_\_ Total monthly income**  # of family members supported by income

**A copy of the most recent pay statement or income statement for each wage earner in your household verifying income must be attached with this application.**

* Do you rent own your home? Monthly rent/mortgage payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Does family live in: public housingsection 8 housing
* Do you have **unusual** monthly bills such as medical, legal? Yes No
  + If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + If yes: Total amount **you pay** per month $\_\_\_\_\_\_\_\_\_\_ *(does not include electric, gas, phone, food, car, insurance)*
* Have you applied for a Campership before? Yes No If yes, when\_\_\_\_\_\_\_\_\_\_\_\_\_

**$ x = $**

***Amount requesting # of campers Total amount requesting***

*Parent Signature Date*

**Office use only: Application received: Application reviewed: Amount of award granted:**