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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 the camp registration forms and pay the required deposit. All campers are required to pay the deposit, even if they are applying for a campership.
2. Complete the Application and include:
* A letter from the child describing why they would like to go to camp and what they hope to learn and do there.
* A parent letter stating how much they can pay toward the summer camp session and describing how they believe their child will benefit from attending camp.
1. **Return the application and letters by May 12, 2024:**

**Camp Fire Golden Empire**

**Campership Application**

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

6. The Board of Directors decides on Campership awards, and families will be notified in June.



**Camp Fire Golden Empire**

**Resident Campership Application**

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

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

Name: \_ Parent Guardian

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

Email address:

Employer: Occupation: 

Unemployed Student

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: 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:**