Friends of Camp El-O-Win Campership Application

PLEASE PRINT CLEARLY!!!

Name_____Date of Birth_____/_____/_____

Address_____City_____Zip _____

Home Phone_____Girl's Grade in Fall_____

Parent/Guardian 1 Name _____

Phone_____   Email _____

Occupation _____

Parent/Guardian 2 Name _____

Phone_____   Email _____

Occupation _____

Girl lives with (check one):_____mother only _____father only _____both parents

____other guardian: specify _____

The following information must be completed for all applicants and proof of income MUST be attached:

Number of children living at home:_____ Ages: _____

Number of adults dependent on family income: _____

Gross monthly income _____

Annual household income level:
____Below $18,000
____$18,001 to $24,000
____$24,001 to $30,000
____$30,001 to $36,000
____$36,001 to $42,000
____$42,001 to $48,000
____$48.001 to $54,000
____$54,001 to $60,000
____over $60,000

Include verification of income from all sources (pay stub, tax return, proof of assistance)

Have you ever had a campership from Friends of Camp El-O-Win? _____Yes _____No

Campership Application page 2: Name of Camper _____

Name of Camp El-O-Win event you are attending: _____

I registered online: ____Yes ____No

Fee for event $ _____

Amount parent/guardian can pay $ _____
Amount girl can pay (Cookie Dollars) $ _____

Amount from other sources $ _____

Amount of Campership requested $ _____

Please indicate any special circumstances that related to this request. Attach additional pages as needed) _

_____

_____

_____

CAMPER: On a separate sheet, please briefly explain:
    1. Why you want to attend this event; and
    2. Describe what you did to help earn the money for the camper fee.

If awarded a campership, on my return from camp, I promise to write a thank you note to the group or individual who sponsored my campership.

    Camper's Signature _____ Date _____

    Parent's Signature _____ Date _____

Mail your COMPLETE application to: Campership Review Committee
6533 N. Bungalow Lane, Fresno, Ca 93704.
Applications must be mailed by April 1st.

Incomplete applications will not be reviewed. Camp space will not be held for incomplete applications. Providing your email is the most efficient was for us to notify you of the Campership Review Committee's decision.

OFFICIAL USE ONLY

Date Received_____Date Approved _____

Date Denied_____Date Notified _____

Amount Awarded $_____Approval Signature _____