



Friends of Camp El-O-Win Campership Application 2026

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

Application continued on Page 2

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 15th**

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 _____