



2009 CAMBERSHIP APPLICATION

Dear Campership Applicant:

To qualify for a campership all information on this application must be completed. Include your camp registration form and be sure to attach proof of income.

Campership awarded for one session a year, per child. Parent or Guardian must participate with a partial payment, based on a sliding scale.

Any missing information will cause a delay in processing your application. \$35 deposit required, refundable if application is not approved.

TO BE COMPLETED BY APPLICANT'S PARENT OR GUARDIAN

Child's Full Name: _____

Parent/Guardian: _____

Zip Code _____ Phone Number _____

Age _____ Boy/Girl _____

How many are in your family? _____ Monthly Gross Income: _____

Is family receiving Public Assistance? _____

Is this a Foster Home? _____

(Foster children are considered a family of 1, but must show proof of income or placement)

Social Worker Name & Contact number

PLEASE ENCLOSE PROOF OF YOUR INCOME, 2008 TAX RETURN

And 3 MOST CURRENT PAY STUBS or Public Assistance eligibility letter

For your security, remove all Social Security numbers

(Please turn the page over)

Circle one

There is generally more financial aid spaces available for sessions 1, 2, 3 and 10. Please keep this in mind when choosing sessions

Camp Preference: Summer Day Camp Specialty Day Camp Spring Day Camp Session _____

Camp Fee: \$195.00 \$215.00 \$175.00

How much do you feel you can pay? _____

Information for us to consider when evaluating this application:

What other scholarships have you received for camps this year? _____

All information is confidential and must be completed. Each Parent or Guardian must participate with a partial payment, based on a sliding scale. A deposit of \$35.00 is required with all applications. You are responsible for reading both sides of this application and the information you give must be true. Only ONE Campership per year is awarded per child. Campership does not include funds for transportation or store. Applicants must be a resident of San Diego and between the ages of 7 and 12.

By signing this application, I verify that the information I have provided is accurate to the best of my knowledge.

Signature of Parent or Guardian: _____ Date: _____

**Please return to:
YMCA Camp Surf
560 Silver Strand Blvd
Imperial Beach, CA 91932
For questions call:
619-423-5850**

For Office Use Only:

Camp Fee	_____	_____	Application Complete and Signed
Amount Paid by Family	_____	_____	Proof of Income Attached
Amount of Campership	_____	_____	Approval Initials