AbilityFirst Campership Application | 2010

STEP 1: READ THE GUIDELINES ON REVERSE OF THIS PAGE.

STEP 2: COMPLETE THE FULL APPLICATION AND SUBMIT IT WITH SUPPORTING DOCUMENTS.

Camper:_____
Phone:_____
Parent/Guardian 1 Name:_____
Occupation(s):_____
e-mail:_____
Parent/Guardian 2 Name:_____
Occupation(s):_____
e-mail:_____
Camper lives with:
❍both parents ❍mother ❍father
❍ other (please specify):_____

How many years have you been coming to Camp Paivika? _____ ❍ this will be first time

Ethnicity: this info is required for grant applications
❍ African American ❍ Latino ❍ Caucasian
❍ Native American ❍Asian/Pacific Islander
❍ Other

All sections of this form MUST be completed for all applicants and most recent tax return or other 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 (check one):

❍ below $18,000	❍ $31,001-$37,000
❍ $18,000-$24,500	❍ $37,001-$43,300
❍ $24,501-$27,500	❍ $43,301-$50,000
❍ $27,501-$31,000	❍ Over $50,000

Session:_____

Camp Fee:$_____
Amount parent/guardian can pay:$_____♦
Amount camper can pay:$_____
Amount from other sources:$_____
Amount of campership requested:$_____

Please indicate any special circumstances that relate to this request:

I hereby verify that the above information is true and correct to the best of my knowledge:

_____
Parent/Guardian Signature Date

STEP 3: MAIL COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS TO:
Camp Paivika
P.O. Box 3367
Crestline, CA 92325

OFFICE USE ONLY

Date Received _____ Date Approved _____
Date Denied _____ Date Notified _____
Amount Approved $_____ Approval Signature _____

♦ Minimum co-pay amount = $300.00