

## CAMBERSHIP APPLICATION

Camping Unlimited's Campership Fund provides financial assistance to families who qualify so that campers, who would not otherwise have the opportunity, may attend camp. Access, equity, and inclusion are important facets of Camping Unlimited's program and mission, and we want campers to be able to attend our programs regardless of financial status. All requests will be reviewed. Awards will be made based on financial need and availability of funds. Upon review, we will contact you as soon as possible.

Please complete this form and return by email: [admin@campingunlimited.org](mailto:admin@campingunlimited.org)

*\*Required responses*

\*Camper Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Has your Camper previously attended Camp? If so when? \_\_\_\_\_

\*Name of Parent(s)/Guardian: \_\_\_\_\_

\*Parent Phone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

\*Parent Email Address(es): \_\_\_\_\_

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

\*#1 Parent/Guardian Employer: \_\_\_\_\_ Position: \_\_\_\_\_

\*Parent #1 Salary (gross per month) : \_\_\_\_\_

\*#2 Parent/Guardian Employer: \_\_\_\_\_ Position: \_\_\_\_\_

\*Parent #2 Salary (gross per month) : \_\_\_\_\_

\*Camper's monthly Gross Income: \_\_\_\_\_ \*\*Received From: \_\_\_\_\_

\*Is camper receiving: SSI \_\_\_ SSDI \_\_\_ Medi-Cal \_\_\_ CaIWORKS \_\_\_ CaIFresh \_\_\_

\*Does your Camper qualify for free or reduced-price school lunches? \_\_\_\_\_

\*Please describe any other non-cash support received monthly (for example housing assistance, Regional Center funding etc.): \_\_\_\_\_

\*Parental monthly mortgage / rent: \_\_\_\_\_ Other large monthly expense(s): \_\_\_\_\_

Do Parents reside together? \_\_\_\_\_ # of siblings living at home: \_\_\_\_\_ Ages: \_\_\_\_\_

\*Camper lives:

With Parents \_\_\_\_ Group Home \_\_\_\_ Foster Home \_\_\_\_ Residential Care \_\_\_\_  
Independent Home \_\_\_\_ Other (please describe): \_\_\_\_\_

\*If in Residential Care, total monthly cost: \_\_\_\_\_

\*Regional Center Client? Yes / No Regional Center: \_\_\_\_\_ Case

Manager: \_\_\_\_\_ Tel #: \_\_\_\_\_

\*If Camper has Out of Home Respite services, amount approved? \_\_\_\_\_

List other agencies where you have applied or will apply for camperships or funding to attend Camp:  
\_\_\_\_\_

\*Is Camper attending another Camp this summer? \_\_\_\_\_

Camp Name: \_\_\_\_\_

Any extraordinary monthly expenses for family i.e., medical, etc.? \_\_\_\_\_  
\_\_\_\_\_

Would you/a family member be willing to assist Camp Krem with volunteer hours, either at a scheduled work day (in Boulder Creek or Ahwahnee), or volunteer your time and skills in another capacity? \_\_\_\_\_

**Campership Amount Requested:** \_\_\_\_\_

**Which Camp Krem event/session would you like to apply this campership to:**  
\_\_\_\_\_

*I declare that the above information is true and complete and is provided to Camping Unlimited for the purpose of consideration for Campership funds. I agree to contact Camping Unlimited if there is any circumstance or change regarding income prior to camp.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_