

## Friends of Camp El-O-Win Campership Application

## PLEASE PRINT CLEARLY!!!

Name		Date	e of Birth	_//	_
Address		City	Zip		_
Home Phone	Girl's Grade in Fall				
Parent/Guardian 1 Name					
Phone	Email				<u> </u>
Occupation					<u> </u>
Parent/Guardian 2 Name					
Phone	Email				<u></u>
Occupation					
Girl lives with (check one):mo other guardian: specify	-	•	•		
The following information must be	completed for al	ll applicants	and proof of	income MUS	ST be attached:
Number of children living at home:	Ages:				_
Number of adults dependent on fai	nily income:	<u></u>			
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 re	eturn, proof o	of assistance)	)
Have you ever had a campership fr	om Friends of Ca	amp El-O-W	in? Yes	No	

**Application continued on Page 2** 

Campership Application page 2: Name of Camper							
Name of Ca	amp El-O-Win ev	ent you are atte	ending:				
I registered	l online:Ye	sNo					
			Fee for ev	ent \$			
	Amount parent/guardian can pay \$  Amount girl can pay (Cookie Dollars) \$						
	Amount from other sources \$						
		Amount	of Campership requested \$				
Please indic			hat related to this request. Attac				
1. W 2. D	Vhy you want to Describe what yo	attend this eve ou did to help ea on my return fro	briefly explain: nt; and irn the money for the camper fed m camp, I promise to write a th				
	•		Date				
Pare	nt's Signature _		Date				
Incon	nplete applications	will not be reviewed	n to: Campership Review Cor , Ca 93704. May 15, 2023 I. Camp space will not be held for incomo o notify you of the Campership Review	nplete applications. Providing			
	OFFICIAL US	SE ONLY		<del></del>			
	Date Received_		Date Approved				
	Date Denied		Date Notified				

Amount Awarded \$\_\_\_\_\_Approval Signature \_\_\_\_\_