



Glendora Community Coordinating Council

CAMPERSHIP ELIGIBILITY APPLICATION

To apply for a scholarship for a week of day camp, complete, sign and return this application via email, mail, or drop off at the Legion Building. Please complete one application per child who is requesting a Campership. If you need help completing this form, please contact Annie Warner (626) 914-8228.

******PARTICIPANT MUST BE A GLENDORA RESIDENT TO RECEIVE A CAMPERSHIP******

1ST Choice week of: _____

2ND Choice week of: _____

SECTION A — Food Stamp Recipients and AFDC Households ONLY- please furnish a copy of your food stamp card and/or AFDC card.

1. Is this application for a foster child? Yes No
2. Child eligible for food stamps or AFDC
3. Name: _____ Birthdate: _____ Grade Completed: _____
4. Provide food stamp or AFDC case number
Food Stamp Number: _____ - _____ - _____
AFDC Case Number: _____ - _____ - _____ - _____ - _____
5. Los Angeles County Social Worker Name: _____ Phone: _____
6. Go to Section C and sign the application.

SECTION B – All Other Households

1. Is the application for a foster child? Yes No
Los Angeles County Social Worker Name: _____ Phone: _____
2. Child in your household information.
Name: _____ Birthdate: _____ Grade Completed: _____
3. Number of adults in household: _____ Number of children in household: _____
4. Total monthly income: _____
5. Go to Section C and sign the application.

SECTION C — All Households

I understand that all of the information on this form is true and correct, and all household income is reported. I further understand this information is being given for the sole purpose of qualifying for a campership. All information is confidential. Pictures of my child may be used in promotional articles; names will not be used.

Print Name of Adult Household Member: _____

Signature of Adult Household Member: _____ Date: _____

Your relationship to child: ☐ Parent ☐ Legal Guardian ☐ Other: _____

Email: _____

Mailing Address: _____ City: _____ Zip: _____

Cell Phone: _____ Work/Emergency Phone: _____

CITY OF GLENDORA COMMUNITY SERVICES DEPARTMENT

Release, Waiver of Liability, and Assumption of the Risk Agreement Form for All Activities

Read Carefully before Signing-Signature of Registering Adult is Mandatory

In consideration of being allowed to participate in **SUMMER DAY CAMP/ CAMP CAHUILLA**

The undersigned acknowledges, appreciates, and agrees that the risk of serious injury including, but not limited to, permanent paralysis, injury, and death, is significant and does exist, even though particular rules, equipment, and personal discipline may reduce the risk. Therefore:

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CITY OF GLENDORA, its departments, officials, employees, agents or volunteers, other participants, sponsors, advertisers and owners and lessors of premises used to conduct the event, for ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, ARISING FROM THE NEGLIGENCE of the above named organization.

I also agree to be photographed and/or have my child photographed and release the use of the photographs for publicity in the City of Glendora publications and other public information tools.

I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERM AND SIGNIFICANCE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent or legal guardian, have legal responsibility for this participant. I have read and understand the significance of this RELEASE AND WAIVER and do consent and agree to his/her waiver, release and assumption of the risk as provided above. I release and agree to indemnify and hold harmless the above named organization and associated persons from any and all liabilities for injury or damage to the above minor while participating in these programs ARISING FROM THE NEGLIGENCE of the above named organization and associated persons. Gorman participants will be held responsible for full payment if class fee are not paid within 30 days.

Child's Name: _____ DOB: _____

Parent/Legal Guardian: _____ Relationship to child: _____

Address: _____ City: _____ State: _____ Zip: _____

Work/Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____



CAMPERSHIP ELIGIBILITY GUIDELINES

1. The minimum age limit is six (6) year's old and completed first grade, and the maximum age limit is twelve (12) years old, for a child to be eligible for a Campership Scholarship.
2. The two (2) ways to establish a camper's financial eligibility for a Scholarship are:
 - a. Use the chart below to establish a family's financial eligibility. Children from households with incomes at or below the levels listed below are eligible for a Scholarship.
 - b. All foster children, AFDC children, or families, who received Medi-Cal, automatically qualify for a Scholarship. - You MUST provide the Campership Committee with each child's foster care number AFDC number, or Medi-Cal number.

The requirements have been approved by the Glendora Community Coordinating Council's Campership Committee.

INCOME LEVELS FOR CAMPERSHIP SCHOLARSHIP QUALIFICATION

Number in Household	Total Combined Income
1 to 2	Up to \$32,480
3	Up to \$40,840
4	Up to \$49,200
5	Up to \$57,560
6	Up to \$65,920
7	Up to \$74,280
8	Up to \$82,640
Each additional person	\$8,360

Return application to:
Annie Warner | Recreation Superintendent
241 W. Dawson Ave.
Glendora, CA 91740