



**2011 CAMPERSHIP
SCHOLARSHIP
APPLICATION
CONFIDENTIAL**



Camper's name: _____ School: _____ Campership before/when: _____

Name of parent/Guardian: _____ Occupation: _____

Number of family members dependent on total family income: Adult: ____ Children: ____ Under 18: ____

ELIGIBILITY- CIRCLE ONE CATEGORY BELOW

I. Family Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	
50% of Median Income <i>Santa Clara County^y - Effective 3/8/06</i>	\$37,150	\$42,450	\$47,750	\$53,050	\$57,300	\$61,550	\$65,800	
Check one if it applies								

II. Family receives public assistance — Check one if it applies

Social Security		AFDC		MediCal		Disability	
Unemployment		Food Stamps		MediCare		Other	

Why does your child/family need a campership? (i.e. financial, physical, medical, extreme family circumstances, etc) Please indicate how your family will benefit from the Camp Superstuff experience, giving as much background possible regarding home, school, and health situations. This information will be held in confidence and will only be used to assist the campership committee in making their selections. **Please indicate family income if not indicated above.** (Use additional paper if necessary.)

Breathe California of the Bay Area provides an opportunity for families to earn part of their camp fee. Is there any reason your family could not participate in our fundraising projects?

How much could you pay?

The above information is accurate to the best of my knowledge.

Signature Date

This portion is to be completed by Breathe California

Date Received _____ Amount Received _____