



Promoting Positive Development

Camp Wrightwood  
 Episcopal Diocese of Los Angeles  
 PO Box 457 • 22800 Big Pines Hwy • Wrightwood, CA 92397  
 (760) 249-3615 • campwrightwood@ladiocese.org

**CAMPERSHIP APPLICATION**

The *Camp Wrightwood Campership Fund* provides monies to assist with fees for a session at Episcopal Camp Wrightwood. These forms are held confidentially and information is used in summary grant reporting only. Scholarship money is provided by the LA Times Summer Camp Grant, The HTN Foundation, The Episcopal Diocese of Los Angeles, churches, and generous donors from all over Southern California. Camperships are available for one session per child.

To provide for maximum use of Campership funds and for the value of a personal investment all applicants are requested to make some payment toward the cost of the camping experience.

Please mail this form (with deposit and application) to:  
**CAMP WRIGHTWOOD, P.O. Box 457, Wrightwood, CA 92397**  
 Please make checks payable to *Treasurer of the Diocese*

**ALL QUESTIONS MUST BE ANSWERED FOR THIS APPLICATION TO BE CONSIDERED.**

**SECTION A** is for families qualifying for low income assistance. (Please fill out the additional Case History)  
**SECTION B** is for families not qualifying as low income needing additional support.

Camper's full name \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent's/Guardian's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**SECTION A**

Family gross income: \$ \_\_\_\_\_ per year. Who provides this income? \_\_\_\_\_  
 Is this child in foster care, on Medi-Cal or AFDC/TANF? \_\_\_\_\_  
 If Yes, provide County Identification (Case) # \_\_\_\_\_

Camper lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other: \_\_\_\_\_

Number of dependent children in family \_\_\_\_\_ (# of Boys/Ages: \_\_\_\_\_ # of Girls/Ages: \_\_\_\_\_)

Camper's Ethnic Background \_\_\_\_\_ American Indian \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Caucasian  
 \_\_\_\_\_ Latino \_\_\_\_\_ African American \_\_\_\_\_ Other/Multi

Financial Eligibility Requirement. (Monthly income is the maximum permitted for corresponding family size)

Family Monthly Income (average) \$ \_\_\_\_\_ Family size \_\_\_\_\_

Family Size	Monthly Income	Family Size	Monthly Income	Family Size	Monthly Income
2	\$2,110	5	\$3,720	8	\$5,329
3	\$2,647	6	\$4,256	9	\$5,865
4	\$3,183	7	\$4,793	10	\$6,401

Our family can contribute: \$ \_\_\_\_\_ toward our child's camp experience.

## **SECTION B**

In your own words, please explain briefly about your circumstances and tell us a little about the camper you are enrolling. Are there any special considerations we should take into account when evaluating your application?

### **VOLUNTEER WORK AVAILABILITY**

*The information contained in his section does not affect your eligibility for financial assistance.*

Please mark any of the boxes that apply:

I am willing to volunteer for Camp Wrightwood in the following capacities:

#### **Opportunities At Camp**

- Work groups
- Weekend kitchen / maintenance help during rentals.
- Other

#### **Opportunities From Home**

- Sharing information about Camp Wrightwood with my church and others
- Organizing volunteer groups
- Woodworking
- Sewing
- Fundraising / Marketing
- Other

Please list any special skills that you might be able to share: