Glendora

Community Coordinating Council
Post Office Box 693, Glendora, CA 91740

Dear Neighbor:

Thank you for inquiring about the Scholarship Program for Big Dalton Summer Day Camp. Scholarships are provided through generous donations from the Glendora Coordinating Council for Glendora Residents for ages 6 through 12.

To receive consideration for a one week Scholarship, please complete the enclosed "Glendora Campership Eligibility Application" and the "Minor Release Form". An application and release form is required for **each** child applying for a Campership. Return to Glendora Coordinating Council, P.O. Box 693, Glendora, CA 91740, attention Camperships. **You must be a Glendora Resident in order to receive a campership.**

All completed applications will be reviewed by the Campership Committee. Your prompt response will help us award the limited number of Camperships available. Applications are considered on a first come first served basis.

Please call me with any questions or concerns at (626) 914-8229.

Sincerely,

Jennifer Kugler

Jennifer Kugler
Campership Chair

GLENDORA COMMUNITY COORDINATING COUNCIL
CAMPERSHIP ELIGIBILITY APPLICATION

To apply for a scholarship for a week of day camp, complete, sign and return this application to Glendora Coordinating Council, P.O. Box 693, Glendora, CA 91740. Please complete one form for each child who is requesting a Campership. If you need help completing this form, please contact Jennifer Kugler (626) 914-8229.

******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. **Print** the complete name of the child eligible for food stamps or AFDC:

   _____ Birthdate _____ Grade Completed _____

3. Write the food stamp or AFDC case number:

   Food Stamp Number: __ __ __ __ __ __ - __ - __
   AFDC Case Number: __ __ - __ __ - __ __ __ __ __ __ __ - __ - __

4. Los Angeles County Social Worker and Phone: _____

5. 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 and Phone: _____

2. **Print** the complete name of the child in your household:
   _____ 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 _____

Mailing Address: _____

City _____ Zip Code _____

Home Phone _____ Work/Emergency Phone _____

CITY OF GLENDORA
COMMUNITY SERVICES DEPARTMENT

MINOR RELEASE FORM

Please print all information

Child's Name_____ Age_____

Registering Adult _____Relationship to Child_____

Address_____

City_____Zip_____

Day Phone_____ Evening Phone_____

Emergency Contact_____ Phone_____

Activity: Summer Day Camp

RELEASE

I give permission for the minor in my custody to participate in the above-named activity and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of said minor's participation in said activity. This Release is intended to discharge in advance the promoters, sponsors, City of Glendora, any staff, and any involved municipalities or their public entities (and their respective agents, servants, officers and employees), from and against any and all liability arising out of or connected in anyway with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages or injuries mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of the City of Glendora, Community Services.

Signature of Registering Adult_____ Date_____

CAMPERSHIP ELIGIBILITY GUIDELINES

1. The minimum age limit is seven (7) years 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

Household Size	Weekly Income	Monthly Income	Yearly Income
1	$287	$1,242	$14,893
2	$387	$1,673	$20,073
3	$486	$2,105	$25,253
4	$586	$2,537	$30,433
5	$685	$2,968	$35,613
6	$785	$3,400	$40,703
7	$885	$3,832	$45,073
8	$984	$4,263	$51,153
For each additional person, add	$100	$432	$5,180