



Camp Whittier

Campership Application

"Where the Adventure Begins"
(Please Type or Print)

Camper Name: _____ Age: _____

Address: _____
Street City State Zip

Camper lives with: _____ Both _____ Mother _____ Father _____ Foster
_____ Parents _____ Only _____ Only _____ Guardian _____ Parents

Number of children in family: _____ Ages of children: _____

Place of Employment _____ Phone _____

Spouse Employment _____ Phone _____

Which Boys & Girls Club is camper a member of? _____

Please fill in total monthly income in each area listed below:

NOTE: Please include a copy of a pay stub which supports the amount below.

Salary, wages, tips (What you take home each month) \$ _____

Other Support (please list) \$ _____

Total \$ _____

Why does camper need a scholarship? _____

Please describe any other support you receive (i.e. modified living arrangements, etc.) _____

The camp fee is \$350.00 per camper.

How much of this amount can the family or camper pay this year? _____

(Partial camperships are based on annual family income & determination of need.)

Signature: _____ Relationship: _____ Date: _____

Daytime phone number of person signing form: _____

Please return this form to the camp director at Camp Whittier. All information on this form is confidential and will be used only to determine campership amount for camper.

Camperships generously provided by the Santa Barbara Foundation

Camp Whittier is owned & operated by The United Boys & Girls Club for questions please call (805) 962-6776

OFFICE USE ONLY

Amount granted to camper: _____

Approved by: _____ Date: _____