



BOYS AND GIRLS GO TO CAMP CAMBERSHIP APPLICATION FOR AT RISK YOUTH

Are you a parent, guardian, teacher or other interested adult who cares for a child who is withdrawn or unsocial? Has your child stopped taking interest in team sports, spends less time with the rest of the family, fly out of control, or seem to constantly defy your authority? Have you noticed a drop in grades or a change in those with whom your child socializes? If you notice these signs, you may have a child that is dealing with peer pressure or challenges that will put them at risk.

If this sounds like your child, the Boys and Girls Foundation would like to help by offering your child an opportunity to change their direction back to a more positive path with an enriching experience at camp. Please send us a letter describing your child's situation. We promise to keep the information you share confidential. If your child is selected for a campership, you will receive a campership voucher valued at \$250 a list of participating camps can be found on our website.

Please describe your child's circumstance and how a trip to camp would help:

To qualify for a "campership" for summer camp, the applicant should be between ages 6 and 17. Only one campership per year is awarded to each individual. A list of qualifying camps is posted on our website

CHILD'S INFORMATION

Last Name _____ First _____ Date of Birth _____

Check one: Boy _____ Girl _____

Parent/Guardian _____ Relationship to child _____

Address _____

City _____ Zip _____ Phone _____

How many are in your immediate family? _____ Amount of Annual Gross (before tax) Income \$ _____

Does this child qualify for the free or reduced lunch program at school? Yes ___ No ___

Is family receiving Public Assistance? _____ Case Number _____

Is this a foster home? ___yes ___no

Is this person related to a disabled American veteran? ___yes ___no

How did you hear about this program _____

Please check Voluntary demographic information: Military () Disabled () African American () Latino () Asian Pacific () Native American () Caucasian () Other/Multi ()

I have completed this application, and to the best of my knowledge, all of the information is true, correct and complete.

Signature of person completing the application

Print Name

PLEASE RETURN THESE FORMS TO:

**Boys and Girls Foundation
2508 Historic Decatur Road, Suite 110
San Diego, Ca 92106
(619)683-2192, fax (858)630-6366
www.boysandgirlsfoundation.org
mwatwood@boysandgirlsfoundation.org**