



Glendora Community Coordinating Council

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

Dear Neighbor,

Thank you for inquiring about the Scholarship Program for the Recreation & Human Services Department Summer Day Camp, Dirt 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 are required for each child applying for a Campership.

Please return your application to one of the following:

- E-mail: AVillasenor@cityofglendora.gov
- Mail: GCC Attn: Alma Villasenor  
116 E Foothill Blvd  
Glendora, CA 91741
- Drop off: American Legion Building  
159 N. Cullen Ave.  
Glendora, CA 91741

**Applicant 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 Campership available. Applications are considered on a first come first served basis.

If you have any questions or concerns, please call (626)852-5242.

Sincerely,

*Alma Villasenor*

Alma Villasenor  
Campership Chair



**CAMPERSHIP ELIGIBILITY APPLICATION**

To apply for a scholarship for a week of day camp, complete, sign and return this application via email, mail, or drop off at the Legion Building. Please complete one application per child who is requesting a Campership. If you need help completing this form, please contact James Lara (626) 914-8229.

**\*\*\*PARTICIPANT MUST BE A GLENDORA RESIDENT OR ATTEND GLENDORA SCHOOLS TO RECEIVE A CAMPERSHIP \*\*\***

1<sup>ST</sup> Choice week of: \_\_\_\_\_

2<sup>ND</sup> 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. Child eligible for food stamps or AFDC
3. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Completed: \_\_\_\_\_
4. Provide food stamp or AFDC case number  
 Food Stamp Number -----  
 AFDC Case Number -----
5. Los Angeles County Social Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_
6. 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 Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Child in your household information.  
 Name: \_\_\_\_\_ 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: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Emergency Phone: \_\_\_\_\_

**CITY OF GLENDORA COMMUNITY SERVICES DEPARTMENT**

**Release, Waiver of Liability, and Assumption of the Risk Agreement Form for All Activities**

*Read Carefully before Signing-Signature of Registering Adult is Mandatory*

In consideration of being allowed to participate in **DIRT CAMP/SUMMER DAYS CAMP**

The undersigned acknowledges, appreciates, and agrees that the risk of serious injury including, but not limited to, permanent paralysis, injury, and death, is significant and does exist, even though particular rules, equipment, and personal discipline may reduce the risk. Therefore:

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CITY OF GLENDORA, its departments, officials, employees, agents or volunteers, other participants, sponsors, advertisers and owners and lessors of premises used to conduct the event, for ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, ARISING FROM THE NEGLIGENCE of the above named organization.

I also agree to be photographed and/or have my child photographed and release the use of the photographs for publicity in the City of Glendora publications and other public information tools.

I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERM AND SIGNIFICANCE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent or legal guardian, have legal responsibility for this participant. I have read and understand the significance of this RELEASE AND WAIVER and do consent and agree to his/her waiver, release and assumption of the risk as provided above. I release and agree to indemnify and hold harmless the above named organization and associated persons from any and all liabilities for injury or damage to the above minor while participating in these programs ARISING FROM THE NEGLIGENCE of the above named organization and associated persons. Gorman participants will be held responsible for full payment if class fee are not paid within 30 days.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### CAMPERSHIP ELIGIBILITY GUIDELINES

1. The minimum age limit is six (6) year's 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.

#### 2022 Median Family Income for Los Angeles County determined by HUD to be \$91,100

Family size (Persons in Family/Household)	HUD Low Income Level
1	\$66,750
2	\$76,250
3	\$85,800
4	\$95,300
5	\$102,950
6	\$110,550
7	\$118,200
8	\$125,800