



YOUTH EDUCATION PROGRAM (YEP!)

SUMMER PROGRAM CAMBERSHIP APPLICATION FORM (confidential)

Date of application:		Desired camp name and session dates:	
Child's First Name:		Last Name	Age:
Address/City/State/Zip:		Phone:	
Parent/ guardian's name:		E-mail:	
<p>Please have your child write a paragraph on a separate sheet of paper explaining why she/he wants to attend this summer course and what she/he hopes to gain from the course. Please include whether she/ he would be willing to write a "Thank You" to donors on behalf of their experience.</p>			
How do you think your child will benefit from a CMC Course?			
Why do you need financial support for your child to attend a course (financial obligations, extenuating circumstances, etc.)			
<p>Applications should be submitted via fax (303) 279-9690, email to javork@cmc.org or send snail mail CMC Attn: Brenda Porter 710 10th St., Suite 200 Golden, CO 80401 ** For additional information contact Brenda Porter at 303-996-2748</p>			
<p>NOTE: Funding is allocated based on application thoroughness, financial need and submission date. The CMC may or may not be able to fulfill your entire Campership request.</p>			
<p>Family Information Number of dependant children (circle one) 1 2 3 4 5 6 + Ages: _____ Single-parent family () Yes () No Family income: () under \$10,000 () \$10,000-\$20,000 () \$20,000-\$30,000 () \$30,000-\$40,000 () \$40,000-\$60,000 () \$60,000+</p>			
<p>Please share your demographics (optional) () Hispanic () African American () white () American Indian () Asian</p>			
Campership Request:			
Cost of Course	\$		
Amount family can pay	- \$		
Amount camper can pay	- \$		
Amount of Campership Request	= \$		