

# The Max and Marion Caldwell Foundation Campership Application

*Application Deadline: April 1<sup>st</sup>*

Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address:

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male ( ) Female ( ) Grade in school this year \_\_\_\_\_

I live with: ( ) Father ( ) Mother ( ) Guardian other than parents  
( ) Stepmother ( ) Stepfather ( ) Other \_\_\_\_\_

Parents are: ( ) Married ( ) Divorced ( ) Separated ( ) Other: \_\_\_\_\_

Circle one: Father/Stepfather/Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Circle one: Mother/Stepmother/Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (circle)  
Brother/Sister/Step-\_\_\_\_\_

\_\_\_\_\_  
Brother/Sister/Step-\_\_\_\_\_

\_\_\_\_\_  
Brother/Sister/Step-\_\_\_\_\_

\_\_\_\_\_  
Brother/Sister/Step-\_\_\_\_\_

Campership Applying for (please mark with an X):

*The Max and Marion Caldwell Foundation camperships are a cooperative effort among the Foundation, the participating camps and the camper's family. The Foundation believes that by asking the family to participate financially in this partnership, each partner is investing in the future of the selected camper.*

( ) Aunt Marion and Uncle Max Resident Camp Campership

This campership pays 80% of the tuition for one child to attend **Kennolyn's Resident Camp** for a two-week session for 3 consecutive years if he/she meets behavior and scholastic requirements each year. The applicant must be between 6 and 10 years old.

( ) Aunt Marion and Uncle Max Day Camp Campership

Pays 80% of the tuition for one child to attend **Kennolyn's Day Camp** for a two-week session for 3 consecutive years if he/she meets behavior and scholastic requirements each year. The applicant must be between 5 and 10 years old.

( ) Caldwell Family Campership

Camp Name: \_\_\_\_\_

*Participating ACA-Accredited Camp in Northern California Only*

Pays 80% of the tuition for a different child each year to attend **an American Camp Association (ACA) accredited camp in Northern California** (applicants choose camp before applying for campership - consult the foundation about qualifying camps).

( ) Kennolyn Campership

Camp Name: \_\_\_\_\_

*Participating ACA-Accredited Camp in Santa Cruz County Only*

Pays \$500 towards tuition for a different child each year to attend **an ACA accredited camp in Santa Cruz County** (applicants choose camp before applying for campership - consult the foundation about qualifying camps).

( ) Kirkwood Family Campership

Pays 80% of the tuition for a different child each year to attend **Kennolyn's Resident Camp** for a two-week session.

( ) Manny Vezie Campership

Pays 80% of the tuition for a different child each year to attend **Gold Arrow Camp** for a two-week session.

( ) Mountain Camp Campership

Pays 80% of the tuition for a different child each year to attend **Mountain Camp** for a two-week session.

**Camper, please respond to the following questions:**

Why would you like to go to camp?

How could you contribute to the camp experience of your fellow campers?

What do you hope to gain from a camp experience?

How would your family and friends describe you?

How would you describe yourself?

What is the most difficult thing you have ever had to do?

Who is the person you most look up to, and why?

**Parent/Guardian, please respond to the following question:**

What is your family circumstance that might qualify you to apply for a campership?

Why do you feel a camp experience would help your child?

**Financial Responsibility** *Parent/Guardian to complete*

Current gross income: \_\_\_\_\_

Income or support from all other sources: \_\_\_\_\_

Please don't forget to include a copy of your IRS Tax form 1040 or 1040A

**References** - Three recommendations must be submitted.

The applicant needs to furnish the name and contact information of three references (examples: current teacher, school counselor, athletic coach, youth leader. Please no relatives). These three references are required to fill out and return the Reference Form. ***The application will not be considered unless all three recommendations are received.***

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Email \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Email \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Email \_\_\_\_\_

The Max and Marion Caldwell Foundation shall not be liable, nor held responsible for any injury, death, loss or damage to any person or property associated with the default of any person, company, or association providing accommodation or transportation connected with the Campership.

I agree to pay 20% of the camp's tuition. I realize this campership is only for tuition and I will pay for all travel and incidental costs.

I give permission to The Max and Marion Caldwell Foundation and related camps to use my child's letters, application, name and photo.

How did you hear about the Max and Marion Caldwell Foundation? \_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Include with this Application:** (*incomplete applications will not be considered*)  
A copy of your current IRS Tax form 1040 or 1040A

A copy of your child's latest report card.  
(the 3 required references should be mailed directly from the reference person to the foundation.)

*Mail to:*  
*The Max and Marion Caldwell Foundation*  
*PO Box 1653 Capitola, CA 95010*