

Expenses: Please List Your MONTHLY Expenses.

Rent or Mortgage: \$ _____

Food: \$ _____

School Expenses: \$ _____

Uninsured Medical Expenses: \$ _____

Other: \$ _____

WHAT LEVEL OF CAMBERSHIP ARE YOU APPLYING FOR?

- | | |
|---|---|
| <input type="checkbox"/> 20% Family Pays \$280.00 | <input type="checkbox"/> 60% Family Pays \$140.00 |
| <input type="checkbox"/> 30% Family Pays \$245.00 | <input type="checkbox"/> 70% Family Pays \$105.00 |
| <input type="checkbox"/> 40% Family Pays \$210.00 | <input type="checkbox"/> 80% Family Pays \$ 70.00 |
| <input type="checkbox"/> 50% Family Pays \$175.00 | <input type="checkbox"/> 90% Family Pays \$ 35.00 |

Are there special circumstances that help explain your need for a campership?

Please Return this Form, along with a 2010 Summer Food Service Confidential Meal Application Form to:

**Gales Creek Camp Foundation
6975 SW Sandburg St., Suite 150
Portland, OR 97223
503.968.2267**