CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

California State Foster Parent Association CAMPERSHIP APPLICATION

REGION _____ CHAPTER NO. _____

MEMBER NAME _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

CHILDS NAME _____ AGE _____

NAME OF CAMP _____ REGISTRATION DATE _____

COST OF CAMP _____ PAYABLE TO: _____

BRIEF STATEMENT OF WHY YOU WANT THE SCHOLARSHIP:

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