



**Individual Participant Scholarship Application**

An Arroyo Adventure Summer Camp 2019

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(home): \_\_\_\_\_ Phone(cell): \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Does your child receive a free school lunch? \_\_\_\_\_

Have you applied for (yes/no) or received (yes/no) a scholarship from us before? \_\_\_\_\_

Total program costs for this participant: \$475.00 Amount of scholarship funds you are requesting: \_\_\_\_\_

If there is a gap between what our scholarship program can cover and the total cost of the program, how will you make up the difference?

How do you hope your student/child will benefit from a scholarship and participation in An Arroyo Adventure Summer Camp program?

**Please provide the following information, as well as a copy of a recent paystub:**

Gross monthly income: \_\_\_\_\_ Gross monthly expenses: \_\_\_\_\_

Do you own a home?

Please feel free to add any additional information you feel may help us make as informed a decision as possible.

Which week(s) of An Arroyo Adventure Summer Camp could your child attend?

Week I - June 10<sup>th</sup> – June 14<sup>th</sup>

Please note the following guidelines for applicants:

1. Consideration will be given to early applicants.
2. Scholarships will be awarded based on need.
3. Priority may be given to campers that have not previously received a scholarship.

I certify that the information I have provided is true to the best of my knowledge.

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

Parent email: \_\_\_\_\_

For Office Use Only:

Date rec'd \_\_\_\_\_ Camp Registration Forms Received \_\_\_\_\_

For questions, please contact:

[debspark@audubon.org](mailto:debspark@audubon.org) or 323-221-2255