



Summer Adventure Camp Scholarship Application

Parent/Guardian Name - please print

Email address - please print

Parent cell phone number

Student(s) Name (s)

Please list the school(s) that your student(s) attend. *

Are you eligible for the following programs? Please check all that apply:

Healthy Families

Free/Reduced Price Lunch

Medi-Cal

CalFresh

Please indicate an amount that you can afford. *

Please list all financial circumstances that you would like to have considered as a basis for awarding this scholarship. *