



**SANTA BARBARA POLICE
ACTIVITIES LEAGUE**

**2020 Campership Alliance Scholarship
Application Form**

TRAX ID #

CA20

OFFICE USE ONLY			
Date Received	Verifying Official	Orientation	
		<input type="checkbox"/> Attended	<input type="checkbox"/> Did not attend
Household Size	Annual Income	Date	
Verification Provided		Camp Change	
		Date	
		<input type="checkbox"/> Report	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> CA Disqualification	

FINANCIAL INFORMATION

PLEASE ANSWER ALL THE QUESTIONS BELOW

Are you a single parent: YES NO Number of family members in the household

Total MONTHLY household income (please include all persons living in your household) \$

Do you receive any of the following (Check all that apply):

SSDI SSI TANF Medical Calfresh Free or Reduce Lunch General Assistance

CAMPER INFORMATION

First Name Last Name Age

Sex MALE FEMALE Date Of Birth / / School Attending Grade in 2020-2021

Please check only those that apply

No Medical Concerns

Asthma Requires medication/inhaler? Yes No Daily As Needed With Exercise Name of Medication

Allergies To what? Hives/Rash Difficulty Breathing Epi-pen Benadryl

Diabetes Type I Type II Medications: Oral Injection Pump Independent in diabetes Self Care Needs Daily Assistance

Activity Restrictions Please Specify:

Seizure Disorder Date of Last Seizure: Seizure Type:

Heart Problems Diagnosis: Other restrictions:

Hospitalization/ER Date: Reason:

Assistive Devices Corrective Shoes/Braces Crutches Wheelchair/Scooter Glasses Hearing Aids

Other conditions, disabilities or medications:

Other special needs

Physician: Physician's Phone Number:

Ethnicity (for statistical use only) please circle one

African American Asian Caucasian Hispanic/Latino Native American Pacific Islander Other

ADULT INFORMATION

Custodial Parent/Guardian (This person will be the one that receives all phone calls regarding summer camps)

First name Last Name Relation to camper

Mailing Address City Zip Code

Please check best phone number to contact you: Home Phone Work Phone Cell Phone

Email Preferred Language English Spanish

Does the participant live with you? Yes No

Parent/Guardian (This person will be our emergency contact)

First name Last Name Relation to camper

Home Phone Work Phone Cell Phone

Email Preferred Language English Spanish



SCHOLARSHIP RECIPIENT RULES & REGULATIONS

1. I understand that scholarships are awarded based on financial need as well as camp availability. I certify that all of the information is true and correct and that all income is reported. I understand that this information was provided to the Santa Barbara Police Activities League Campership Alliance, and their officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to disqualification of the Campership Alliance as well as full payment of summer camp scholarship received.

Please sign that you understand the above statement: _____

2. I understand that if my child receives a full scholarship, I am making a commitment to arrive on time for all sessions. As the parent or guardian, I will provide transportation or make arrangements for my child to attend a camp, with the exception of a signed doctor's note. Any other reason must be submitted in advance or prior to the date that your child will not be able to attend (or day of) or you will be disqualified from the current camp, as well as from 2021 Campership Alliance

Please sign that you understand the above statement: _____

3. I certify that I am not registering for a camp that will overlap with the Summer Fun in the Sun Program. I understand that failure to notify the Santa Barbara Police Activities League of any status change I will be disqualified from the current camp, as well as from 2021 Campership Alliance.

Please sign that you understand the above statement: _____

4. I understand that the monies paid is a REGISTRATION FEE not a summer camp fee. If I registered for a camp and later drop-out, the fee will not be refunded.

Please sign that you understand the above statement: _____

5. I am aware that additional forms are required for the summer camp and must be completed at the time of registration with the exception of the overnight camps or my camp spot will be dropped.

Please sign that you understand the above statement: _____

6. I understand that I am eligible for ONE camp change, **this includes day of registration.**

Please sign that you understand the above statement: _____

7. I understand that transportation will be given on need basis and I need to apply separately. There will also be an additional charge of \$25 per scholarship. I need to complete and submit my request for transportation a week before the start of camp. There will be no refunds.

Please sign that you understand the above statement: _____

VIDEO/PHOTO RELEASE

I understand that during the Santa Barbara Police Activities League program and/or activity, my photograph and/or the photograph of my child may be taken by the Santa Barbara Police Activities League, producers, sponsors, organizer, and/or assignees. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Santa Barbara Police Activities League, producers, sponsors, organizers and/or it's assignees for such purposes as they deem appropriate.

Yes No Please sign that you understand the above statement: _____

FOR OFFICE USE ONLY : CAMP SELECTION

Staff Initials	Camp Name	Agency	Camp Date	Transportation
				<input type="checkbox"/> Yes

SECOND CAMP

Staff Initials	Camp Name	Agency	Camp Date	Transportation
				<input type="checkbox"/> Yes

FOR OFFICE USE ONLY

DATE	INITIALS	STAFF NOTE IF A THE PARENT WAS CONTACTED IN PERSON, BY PHONE, OR EMAIL, ALONG WITH A BRIEF DESCRIPTION OF THE CONVERSATION.