



2023 Campership Alliance Scholarship Application Form

OFFICE USE ONLY			
Income Provided		Registration Appointment Date & Time	
		Date	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Time	
Household Size	Annual Income	Camp Change	
		Date	
Date Received	Verifying Official	Staff Initials	
<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 income of all persons living in your household) \$

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

SSD/SSDI SSI CalWORKs/TANF Medi-Cal CalFresh General Assistance

CAMPER INFORMATION

Last Name	First Name, Middle Initial	Date Of Birth	Age
		/ /	
Sex		Grade in 2023-2024	School Attending
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
Swimming Ability: <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		Comments:	

Please check only those that apply

No Medical Concerns

Activity Restrictions Please Specify: _____

ADD/ADHD

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

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

Communicable Diseases Please Specify: _____

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

Diet Restrictions Please Specify: _____

Heart Disorder Diagnosis: _____ Other restrictions: _____

Seizure Disorder Date of Last Seizure: _____ Seizure Type: _____

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

Other conditions, disabilities, or medications _____

Ethnicity (for statistical use only) please check those that apply

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

ADULT INFORMATION

Custodial Parent/ Legal Guardian (Primary Contact)

Last Name	First Name	Relation to Camper
Mailing Address		City
		Zip Code
Please check best phone number to contact you:		Email
<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone		

Does the participant live with you? Yes No **Preferred Language** English Spanish

Emergency Contact (Please list someone other than primary contact)

Last Name	First Name	Relation to Camper
Cell Phone		Work Phone
		Email

Does the emergency contact live in your household? Yes No **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 in Campership Alliance as well as full payment of summer camp scholarship received.

Custodial Parent/ Legal Guardian Initials: _____

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 Campership Alliance year, as well as from the 2024 Campership Alliance program.

Custodial Parent/ Legal Guardian Initials: _____

3. I certify that I am not a recipient of United Way's 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 Campership Alliance year, as well as from the 2024 Campership Alliance program.

Custodial Parent/ Legal Guardian Initials: _____

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.**

Custodial Parent/ Legal Guardian Initials: _____

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.

Custodial Parent/ Legal Guardian Initials: _____

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

Custodial Parent/ Legal Guardian Initials: _____

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 purposed as they deem appropriate.

Yes No

Custodial Parent/ Legal Guardian Initials: _____

FOR OFFICE USE ONLY : CAMP SELECTION

PRIMARY CAMP

Staff Initials	Agency	Camp Name	Dates

SECONDARY CAMP

Staff Initials	Agency	Camp Name	Dates

CAMP CHANGE

Staff Initials	Agency	Camp Name	Dates

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