2024 Campership Alliance Scholarship Application Form

OFFICE USE ONLY			
Income Provided		Registration Appointment Date & Time	
		Date	
❑ Approved	❑ Denied	Time	
Household Size	Annual Income	Camp Change	
		Date	
Date Received	Verifying Official	Staff Initials	
		❑ 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 ❑ MALE ❑ FEMALE | Grade in 2024-2025 | School Attending

Swimming Ability: ❑ Non-swimmer ❑ Beginner ❑ Intermediate ❑ Advanced Comments:

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

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

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 ______

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: ❑ Cell Phone ❑ Work Phone | Email

Does the particpant 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.

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.

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 SBPAL of any status change I will be disqualified from the current Campership Alliance year, as well as from the 2024.

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.**

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.

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.