

Camp SEA Lab

Starr Family Scholarship Application

APPLICATION CRITERIA

- 1) Priority funding given to first-time applicants whose income meets the scholarship criteria.
- 2) Only one camp session per summer per child can apply.
- 3) Multiple siblings per summer or session can apply.
- 4) No payments are due with application, but a minimum of 25% of camp tuition payment is required if approved.

APPLICATION PROCEDURES

- STEP 1:** Complete entire application, including amount of financial assistance requested. One application per child.
- STEP 2:** Collect income verification: a copy of your previous year Federal Tax Return (Form 1040 page 1&2 OR 1040EZ), with child's name listed as a dependent. Please black out all social security numbers.
- STEP 3:** Submit application with income documentation to the Camp SEA Lab office by **5:00 PM on APRIL 1st.**
Mail Complete Application Packet to: Camp SEA Lab, 100 Campus Center, Building 42, Seaside, CA 93955
- STEP 4:** You will be notified of your application status within 2 weeks of submission. All balance payments due **MAY 1st.**

PARENT/GUARDIAN INFORMATION

First Name: _____ Home Address: _____
 Last Name: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Second Phone: _____ email: _____
 Child lives with (check one): both parents mother only father only legal guardian
 Number of children living at home: _____ Names and ages: _____
 Total household annual income: _____ Number of dependents on household income: _____
 Do you qualify for free or reduced school lunch program? No Yes (if so, then submit documentation)

CHILD INFORMATION

First Name: _____ Birthdate (MM/DD/YY): _____ Gender: _____
 Last Name: _____ Height: _____ Weight: _____ T-Shirt Size (YM, YL, S, M, L, or XL): _____
 Current School Name: _____ Swim Ability (1 to 5): _____
 Name of other child to be paired with (if applicable): _____ (1=non-swim, 5=excellent)

FINANCIAL ASSISTANCE REQUEST

Has this child received financial aid from Camp SEA Lab in the past? No Yes, then what year?

First choice camp name: _____ Session #: _____ Dates: _____
 Second choice camp name: _____ Session #: _____ Dates: _____
 Third choice camp name: _____ Session #: _____ Dates: _____
 Camp Tuition Amount: _____ Amount you can pay (at least 25% required): _____
 Scholarship amount you are requesting from Camp SEA Lab in assistance (no more than 75%): _____

You are welcome to indicate any special circumstances that relate to this request on additional pages (optional).

How did you hear about Camp SEA Lab?

Parent or Legal Guardian Signature _____

Date _____

OFFICIAL USE ONLY

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|--------------|--|--------------|--|-----------------|--|----------------|--|
| Date Rec'vd: | | Amt Awarded: | | Approved Date: | | Notified Date: | |
| Letter Sent: | | Due Date: | | Date Completed: | | Packet Sent: | |

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