

**For Office Use Only:**

Date Received: \_\_\_\_\_ Initial: \_\_\_\_\_

Application Fee Paid?    YES                      NO

**Outdoor Adventures Youth & Teen Aquatic Adventure Camp  
Scholarship Application**

Please complete both sides of this application as completely and accurately as possible.

*Because this scholarship is funded by the California Division of Boating & Waterways, Outdoor Adventures requires applicants to document family income to determine eligibility. Please enclose proof of eligibility with this application.*

**APPLICANT INFORMATION**

Parent/ Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CAMPER INFORMATION**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Camp Dates: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Camp Dates: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Camp Dates: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**Total Scholarship Amount Requested:** \_\_\_\_\_

**CURRENT HOUSEHOLD FINANCIAL INFORMATION**

Number of Family Members in Household (including parents/ guardians) : \_\_\_\_\_

Household's Adjusted Gross Income from last calendar year: \$ \_\_\_\_\_

*Household's Adjusted Gross Income must include all income from all household adults from: wages/ salaries, commissions, self-employment income, child support, alimony, dividends/ interest on saving bonds, income from estates/ trusts, rental income, private/ military/ employee pensions or annuities.*

**Student currently lives with:**

- ☐ both parents  
☐ one parent: ☐ mother ☐ father  
☐ legal guardian  
☐ foster home  
☐ other (please specify): \_\_\_\_\_

**Does the parent/ guardian receive any of the following?**

*Please check all that apply & enclose proof of this support with application.*

- ☐ Cal Fresh (SNAP) / WIC  
☐ CalWORKs (TANF/ HSP/ HA)  
☐ Social Security Income (SSI) / Disability  
☐ Medi-Cal



### STATEMENT OF NEED

Please explain why you are requesting a scholarship from Outdoor Adventures. Please use the space provided below. If more space is needed, please feel free to attach additional pages as needed.

*I certify that all of the above information is true and correct to the best of my knowledge. I understand that this information may be verified and is kept confidential. I understand that giving false or incorrect information will not only disqualify my application, but may be subjected to prosecution under applicable state and federal laws.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Office Use Only

Name	Registration Date	Deposit Amount	Order #	Scholarship Amount	Order #	Balance	Order #