



# SUMMER CAMP SCHOLARSHIP APPLICATION FORM

Aliso Viejo City Hall: 12 Journey, Suite 200

*Office Use Only*

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

Received By: \_\_\_\_\_

Form Complete: \_\_\_\_\_

Applicant Amount: \_\_\_\_\_

Income Category: \_\_\_\_\_

The Summer Camp Scholarship Program is a financial assistance program designed to assist in providing recreational opportunities to families. Applications are processed for approval by the Recreation & Community Services Scholarship Committee on a first-come, first-served basis. Scholarship funds are limited.

**ELIGIBILITY CRITERIA:**

- A completed application must be submitted to the Recreation & Community Services Department.
- The applicant must be a resident of Aliso Viejo. Proof of residency is required.
- The applicant must qualify as low income, very low income, or extremely low income under the State of California Department of Housing and Community Development income limits for Orange County, as depicted in the chart below. The total annual household income of all adults living in the household and the number of persons living in residence is used to determine income level. Proof of income is required.

INCOME CATEGORY	Number of Persons in Household							
	1	2	3	4	5	6	7	8
Extremely Low	\$24,950	\$28,500	\$32,050	\$35,600	\$38,450	\$41,300	\$44,150	\$47,000
Very Low Income	\$41,550	\$47,500	\$53,450	\$59,350	\$64,100	\$68,850	\$73,600	\$78,350
Low Income	\$66,500	\$76,000	\$85,500	\$94,950	\$102,550	\$110,150	\$117,750	\$125,350

- Applicant must pay the designated applicant responsibility portion, as well as any additional fees, and complete the City waiver form before scholarship funds being applied.
- The applicant must agree that the participant will attend a minimum of 80% of the selected camp meeting dates. Failure to attend at least 80% of camp meetings will disqualify the family from future award opportunities.
- Scholarship funds may not be applied toward instructor material fees. Any instructor material fees must be paid on the first day of camp by the recipient.
- No refunds or transfers after the commencement of the first day of camp.

**Qualification for the scholarship program will be determined by financial need and residency. Please provide the required documentation in each of the two below categories with the application.**

**1. Proof of Financial Need:**

- Attach a copy of each member of your household’s 2019 tax returns as proof of household income. If not available, please submit your two most recent pay stubs (including gross income) for all household members over 18 years of age. If a member of the household is unemployed, please submit a signed letter listing the name of the unemployed adult(s).

**2. Proof of Residency:**

- Attach a copy of a government issued driver’s license or ID card and a recent utility bill.



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**Any camp fee above the scholarship amount is the responsibility of the applicant. This amount, as well as any additional fees, must be paid before scholarship funds being applied. Additionally, a completed waiver must be submitted at the time of enrollment. All scholarship funds must be applied by June 30, 2020, and do not rollover.**

WEEK	Participant Responsibility	Maximum City Subsidy
June 8-12	\$50	\$229
June 15-19	\$20	\$150
June 22-26	\$20	\$155
June 29-July 3	\$20	\$155
July 6-10	\$20	\$155
July 13-17	\$20	\$155
July 20-24	\$20	\$155
July 27-31	\$20	\$150
August 3-7	\$50	\$229
August 10-14	\$50	\$229

HOUSEHOLD INFORMATION			
Name:		Email Address:	
Street Address:			Phone #
City/State/Zip Code:			
Family Size:	# of Adults:	# of Adults Employed:	# of Children:
Name of Household Member:	<input type="checkbox"/> Minor <input type="checkbox"/> Adult / Age: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Name of Household Member:	<input type="checkbox"/> Minor <input type="checkbox"/> Adult / Age: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Name of Household Member:	<input type="checkbox"/> Minor <input type="checkbox"/> Adult / Age: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Name of Household Member:	<input type="checkbox"/> Minor <input type="checkbox"/> Adult / Age: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Name of Household Member:	<input type="checkbox"/> Minor <input type="checkbox"/> Adult / Age: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Name of Household Member:	<input type="checkbox"/> Minor <input type="checkbox"/> Adult / Age: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Name of Household Member:	<input type="checkbox"/> Minor <input type="checkbox"/> Adult / Age: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	



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## PARTICIPANT INFORMATION

Name:	Date of Birth:	Gender:	
Grade:	School:		
Summer Camp Option 1 Name:	Activity #	Camp Fee:	
Summer Camp Option 2 Name:	Activity #	Camp Fee:	

## PARTICIPANT 2 INFORMATION

Name:	Date of Birth:	Gender:	
Grade:	School:		
Summer Camp Option 1 Name:	Activity #	Camp Fee:	
Summer Camp Option 2 Name:	Activity #	Camp Fee:	

## PARTICIPANT 3 INFORMATION

Name:	Date of Birth:	Gender:	
Grade:	School:		
Summer Camp Option 1 Name:	Activity #	Camp Fee:	
Summer Camp Option 2 Name:	Activity #	Camp Fee:	

## CERTIFICATION

I certify, by signing below, that the above is true and correct. I understand that once approved, requests for specific dates and times may change due to availability or conditions of the scholarship.

Parent/Applicant Signature:	Date:
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### ADDITIONAL INFORMATION

**Drop-off or Mail your application to:**  
 City of Aliso Viejo  
 Recreation & Community Services  
 12 Journey, Suite 200  
 Aliso Viejo, CA 92656  
**Email:** recreation@avcity.org

**For questions or to check status on your application, contact Aliso Viejo Recreation & Community Services:**  
**Phone:** 949-425-2550  
**Email:** recreation@avcity.org