



## 2018 Summer Discovery Camp – Scholarship Application Form

Scholarships will ONLY be awarded to those who qualify based on priority of need.

Parent/Guardian Name (First and Last) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_ Annual Household Income \_\_\_\_\_

How many dependents do you have in your household? \_\_\_\_\_

For which camp is the scholarship requested? (for the 2018-2019 School Year)

- Hummingbirds (Kindergarten)       Desert Tortoises(1<sup>st</sup> and 2<sup>nd</sup> grade)  
 Roadrunners (3<sup>rd</sup> and 4<sup>th</sup> grade)       Pronghorns (5<sup>th</sup> and 6<sup>th</sup> grade)

For which week(s) is the scholarship requested? (select all that apply)

- June 18-22       June 25-29       July 2 and 3       July 5 and 6  
 July 9-13       July 16-20       July 23-27       July 30-August 3

Which session option are you requesting?       Half-Day       Full-Day

Would you like to be considered for Extended Care?       Yes       No

A.M. only (8-9 a.m.)       P.M. only (4-5:30 p.m.)       Both A.M. and P.M. (8-9 a.m. & 4-5:30 p.m.)

Are you or anyone else in your immediate family currently receiving financial assistance from any other sources? If so, please specify. *Examples: Free and Reduced Lunches, CalFresh, WIC, Social Security, etc.*

Please, write the amount your family is able to contribute. \$ \_\_\_\_\_

Lastly, please, attach the following to your application form:

- A refundable \$25.00 application fee. (Refunded if not chosen for a scholarship.)
- A letter from the child(ren) explaining interest in the camp program.
- A letter from the parent/guardian explaining how the child(ren) would benefit from participation in our camp program and explaining why you qualify for the scholarship (income, financial assistance, etc.)

By signing below, I certify all information provided is true and correct to the best of my knowledge. I understand that I will be required to complete the end of the season camp survey to be eligible for future scholarship awards.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Return application to:

Gregoria Rodriguez, Camp Coordinator, 71-701 Gerald Ford Dr., Rancho Mirage, CA 92270

Questions: (760) 321-0602 x111 or [camps@cdmod.org](mailto:camps@cdmod.org)