



2018 Summer Discovery Camp – Scholarship Application Form

Parent/Guardian Name (First and Last) _____

Parent/Guardian Email Address _____

Parent/Guardian Phone Number _____ Secondary Number _____

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(1st and 2nd grade)
- Roadrunners (3rd and 4th grade) Pronghorns (5th and 6th 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.

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