



1226 N. Campus Avenue, Upland, CA 91786 (909) 982-5400 FAX (909) 982-5445

CAMP NAWAKWA RESIDENT CAMP SCHOLARSHIP APPLICATION

Child's Name _____ Age _____ Grade in Fall _____ Gender _____

Street Address _____ City _____ County _____ State _____ Zip _____

Phone _____ Email _____

Parent/Guardian Name(s) _____

Child lives with: One Parent _____ Both Parents _____ Other _____ Annual Income: _____

Number of persons in home: _____ Number of Adults: _____ Number of Children: _____

1. How did you hear about camp? _____

2. Would you be willing to help raise funds? (GoFundMe/ talk to a local service club)? _____ Yes _____ No

3. How much can you afford for camp? (Keep in mind our funds are limited for scholarships) \$ _____

4. Do you have transportation to camp? _____ Yes _____ No

5. Does your child speak conversational English? _____ Yes _____ No

6. Is your child in special education? _____ Yes _____ No

7. Describe any special conditions regarding your child (emotional, physical, etc.)

8. **Why** should your child be considered for a camp scholarship? **Describe** positive qualities the child has such as determination, initiative, etc. Attach additional sheet of paper if necessary.

Applicants Certification/Consent

The applicant(s) certifies, under the penalty of perjury, that all information provided in this application, and supporting documentation is true and complete to the best of applicant(s) knowledge. Applicant(s) also gives consent to have Outdoor Journeys obtain any information or documents required to verify statements made herein, including income, employment, and other obligations which may be required in connection with applicant(s) application.

Submission of a scholarship application does not guarantee approval. Please return completed application to sandra@outdoorjourneys.org or send by mail or fax to the address above.

Parent/Guardian Signature _____ Date _____

Camp and Closed Enrolled Sites Income Eligibility Form

1. CHILD INFORMATION
(List names of all enrolled children)

Check a box to identify a foster child (the legal responsibility of a welfare agency or court).

If all children listed below are foster children, go to #4 to sign this form.

Last	First	M.I.	
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>

2. CATEGORICAL ELIGIBILITY: If you are getting CalFresh, CalWORKs, Food Distribution Program on Indian Reservations (FDPIR), or Kin-Gap benefits for your child, list the case number. If your child participates in the Workforce Investment Act (WIA) check the box. DO NOT complete #3. Go to #4.

CalFresh Case Number:
CalWORKs Case Number:
FDPIR Case Number:
Kin-GAP:
WIA: <input type="checkbox"/>

3. HOUSEHOLD INCOME: Complete this section if you DID NOT complete #2. List all household members and all income. Go To #4.

Enter Gross Income and how often it is received (e.g., weekly, every 2 weeks, twice a month, monthly, or annually)

NAMES OF HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1.	\$ /	\$ /	\$ /	\$ /
2.	\$ /	\$ /	\$ /	\$ /
3.	\$ /	\$ /	\$ /	\$ /
4.	\$ /	\$ /	\$ /	\$ /
5.	\$ /	\$ /	\$ /	\$ /
6.	\$ /	\$ /	\$ /	\$ /
7.	\$ /	\$ /	\$ /	\$ /
8.	\$ /	\$ /	\$ /	\$ /

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, Kin-GAP, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is provided for the receipt of federal funds; that agency officials may verify the information on the Income Eligibility Form for Camp and Enrolled Sites and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name:	
Last Four Digits of SSN:	<input type="checkbox"/> Check here if no SSN
Signature of Adult:	Date:

Privacy Act Statement: Unless you list the child's CalFresh, CalWORKs, FDPIR, WIA or Kin-GAP case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have a SSN. You do not have to list the last four digits of a SSN, but if they are not listed, or the "Check here if no SSN" is not marked, we cannot approve your child for free or reduced price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

- | | | |
|--|-------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asia | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | <input type="checkbox"/> White |

Please mark one of the following ethnic identities: Hispanic or Latino Not Hispanic or Latino