

Summer Camp Financial Assistance Application

The Aquatic Center awards financial assistance for our Basic Boating Camps. The primary intent of the Financial Assistance is to minimize the financial barrier and enable participants to benefit from our boating and water safety programs.

Parent/Guardian Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Cell Phone: _____ Email: _____

Bases For Need:

- | | |
|---|---|
| <input type="checkbox"/> AFDC/Food Stamps | <input type="checkbox"/> Catastrophic Illness or other major family event |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Limited Family Income |
| <input type="checkbox"/> Other reasons (please explain) | <input type="checkbox"/> University Academic Financial Aid |

Please explain or comment on your set of circumstance: (use additional paper is necessary)

Total Household size: _____ Number of dependents: _____

Who are you requesting camp for:

Camper Name:	Date of Birth:	Camp Requested:	Dates of Camp Requested:

Has anyone in your family received financial assistance from the Aquatic Center before: YES or NO
 If yes, for what programming: _____

A complete application must include:

- This Form
- Copies of most recently filed tax returns, 1099's or W2 (with social security numbers redacted)
- Statement explaining the circumstance of the financial hardship from the parent/guardian

Aquatic Center Use Only

Camp Enrolled: _____ Week Enrolled: _____
 Amount Granted: _____ Amount Due by Participant: _____
 Granted By: _____ Value of the camp: _____

Date Approved: _____

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