

## 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:

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AFDC/Food Stamps

Single Parent

Other reasons (please explain)

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Catastrophic Illness or other major family event

Limited Family Income

University Academic Financial Aid

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

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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:

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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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