



Albany Parks & Recreation

Camp Albany

Full Scholarship Application

Thank you for your interest in Camp Albany. Please read the following application guidelines carefully.

Application Deadline: Must be submitted a minimum of 2 weeks prior to the start of camp you wish to attend.

This is not a registration form. Once you have received approval for the scholarship program, you will be able to register for camp. Registration is what assures your spot in a program. There will be limited spaces held in each camp for scholarship participants. Camp scholarships are limited to one camp per child.

Please complete the following information:

Last Name: _____ First Name: _____ Phone: _____

Address: _____ Email: _____

Applicants must submit at least one form of documentation of fiscal need. Acceptable forms of documentation are listed below. Other methods of income documentation may be accepted at the discretion of the Recreation Director.

- | | |
|--|---------------------------------|
| - Federal Food Stamps/Oregon Trail Card Award Letter | - Medicaid |
| - Residency at Subsidized Housing Unit | - Free or Reduced Lunch |
| - ousehold Income Statement Meeting Federal Poverty Guidelines | - Oregon Health Plan Membership |

If you do not receive any of the above, please check reason for applying for a scholarship and explain request on back of form:

Financial Need
 Medical Expenses
 Loss of Job
 Other

Please select between "Little/Junior" Camps and weeks of interest:

Name of Camper: _____

Date of Birth: _____

<input type="checkbox"/> Little Explorers Camp	<input type="checkbox"/> Safety Camp
	<input type="checkbox"/> Week 1
	<input type="checkbox"/> Week 2
	<input type="checkbox"/> Week 3
	<input type="checkbox"/> Week 4
<input type="checkbox"/> Junior Explorers Camp	<input type="checkbox"/> Week 5
	<input type="checkbox"/> Week 6
	<input type="checkbox"/> Week 7

I understand the guidelines and restrictions and verify that the information provided is true. I understand that any deliberate misrepresentation will result in forfeiture of the scholarship and may prevent future eligibility. I understand that the information is kept confidential, but City staff may verify the information provided.

Signature: _____ Relationship: _____ Date: _____

OFFICE USE ONLY:

Type of documentation provided: _____ Processed by: _____ Date: _____

Important: Page 2 must be completed to be considered for scholarships

