

# 2011 Coastal Camp Scholarship Form

All information on this form will be kept strictly confidential.  
Please complete one form per camper.



## CAMPER AND PARENT INFORMATION

Camper Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## WHICH CAMP SESSION WOULD YOU LIKE TO RECEIVE A SCHOLARSHIP FOR?

### 1<sup>st</sup> Choice

Session Date \_\_\_\_\_ Session Name \_\_\_\_\_

### 2<sup>nd</sup> Choice

Session Date \_\_\_\_\_ Session Name \_\_\_\_\_

## PARENT FINANCIAL INFORMATION

1. Does your child qualify for the free and reduced lunch program at school? Yes No
2. If your child attends private school, what is her/his annual scholarship amount? \_\_\_\_\_
3. If you are unable to respond to either of the above questions, please attach a copy of your 1040 tax form to be considered for scholarship funding.
4. Monthly income from all sources (before taxes) \$ \_\_\_\_\_
5. Please list the total number of adults and children living on the income listed in question 4. \_\_\_\_\_
6. What is the maximum amount you can afford to pay for a one-week camp session? \_\_\_\_\_
7. Are there any other financial circumstances we should know about when considering your application for a Coastal Camp scholarship? \_\_\_\_\_
8. Ethnic Background (optional)  
☐ Black/ African American ☐ Asian ☐ Native/American Indian  
☐ Hispanic ☐ White/ Caucasian ☐ Other \_\_\_\_\_

## AGREEMENT

I agree that all the information is correct and true to the best of my knowledge.

Signature of parent/ guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to:

Headlands Institute  
Attn: Coastal Camp Scholarships  
1033 Fort Cronkhite, GGNRA  
Sausalito, CA 94965

Or, fax completed application to: (415) 480-1321.

### Application Checklist

- ☐ Scholarship Form
- ☐ Coastal Camp Registration Form
- ☐ Copy of your 2010 1040 tax form (if applicable)
- ☐ A check for 50% deposit