

2010 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?

1st Choice

Session Date _____ Session Name _____

2nd 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
GGNRA Bldg. 1033
Sausalito, CA 94965

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

Application Checklist

- ☐ Scholarship Form
- ☐ Coastal Camp Registration Form
- ☐ Copy of your 2008 1040 tax form (if applicable)
- ☐ A check for 50% deposit