



## 2020 Camp Capitola Scholarship Application Guidelines



The Capitola Public Safety & Community Service Foundation provide a limited amount of scholarships for children who otherwise would not be able to afford to the program. The following are guidelines for applicants to ensure that the correct procedures are followed in the application and registration process:

1. Applications for Camp Capitola scholarships are available. A summer preview, including information about upcoming Camp Capitola and the scholarship application, will be updated on the Capitola Recreation Department's website, [www.cityofcapitola.org/recreation](http://www.cityofcapitola.org/recreation).
2. The Capitola Public Safety and Community Service Foundation will provide the money for the scholarships.
3. The application should be completed and returned to the Capitola Public Safety and Community Service Foundation, 708 Rosedale Avenue, Capitola, CA 95010.
4. **Scholarship applications must be received by Wednesday before the start of the session.** This allows the scholarship committee time to review the applications and award the scholarships as soon as possible. Late applications will not be accepted.
5. Registration is on a first-come, first-served basis. **People who receive a scholarship STILL have to register their child just the same as everyone else in the program; a spot is not held for your child because you have applied for a scholarship.** Your child must meet the requirements, and you must register online and pay your share of the fees to the recreation department during the appropriate time in order to be registered and to assure your child's place in the program. If you don't register on time, your child may not get into the program. If you have any questions regarding the registration process, contact the recreation office at (831) 475-5935.
6. The criteria used for financial need is a percentage of the Santa Cruz County Area Median Income calculated by the State of California. The Scholarships are **not full scholarships** and are a percentage of the tuition.



CAMP CAPITOLA  
2020 PROGRAM SCHOLARSHIP APPLICATION



For Which Session of Camp Capitola Are You Applying?

Session 1 \_\_\_ Session 2 \_\_\_ Session 3 \_\_\_ Session 4 \_\_\_

Childs Name: \_\_\_\_\_ Childs Age: \_\_\_\_\_

Childs Address: \_\_\_\_\_

Financial Need:

1. Monthly Family Income (consider all sources): \$ \_\_\_\_\_
2. Total # of Family Members in Household: \_\_\_\_\_ Number of dependents: \_\_\_\_\_
3. Has the child received scholarships from any other organization or sports club? Yes / No
4. Total Monthly Expenses: \$ \_\_\_\_\_

Why do you feel this program would be beneficial to your child?

What are your child's interest and other club activities?

Parents or Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

I authorize the Capitola Public Safety & Community Service Foundation to verify any of the above information:

Parent/Guardian Signature: \_\_\_\_\_

Please return this form to: Capitola Foundation  
c/o Mike Banks  
708 Rosedale Ave  
Capitola, Ca 95010

**\*\* This APPLICATION MUST BE RECEIVED BY MONDAY, MAY 25<sup>th</sup> 2020 \*\***