

FINANCIAL ASSISTANCE

REQUEST & INFORMATION



The Santa Barbara County Animal Care
Foundation's

CAMP HOPE

Summer Day Camp-
Camper Financial Assistance Application

Send in your application today!

Santa Barbara County Animal Care Foundation-
Camp HOPE Program P.O. Box 307, Santa Maria CA 93456

Dear Applicant and Parent,

Our exciting CAMP HOPE Program is a week-long summer camp held Monday through Friday at the Santa Maria Animal Center. Youths aged 9-12 are invited to attend. Our summer camp introduces campers to a variety of hands-on learning modes to allow youth to explore career and volunteer opportunities, basic pet responsibility, important life skills and local animal issues.

The Santa Barbara County Animal Care Foundation delivers methods with the intent of providing support for low income youth who would not otherwise be able to attend Camp HOPE. The cost of Camp HOPE is \$195 per camper and includes all learning supplies. Youth can request financial assistance if they are unable to afford the full registration fee—the cost for camp to those youth who are awarded a scholarship will be \$100 (a \$100 discount)

Up to five scholarships will be awarded for each camp session. Financial requests should be submitted as soon as possible. Applications will be reviewed and awarded on first come first serve basis, as applications qualify to be awarded. Applications will be accepted until camp sessions are full or discounts are awarded.

The \$100 scholarship is not a cash amount given to the youth, family, or Camp; it is a discount that is awarded to reduce the registration fee for the qualifying youth.

Thank you for your interest.

Sincerely,

The Camp HOPE Staff

Camp Hope

FINANCIAL ASSISTANCE APPLICATION

To be completed by applicant and returned to:
SBCACF- Camp HOPE Financial Assistance
P.O. Box 307, Santa Maria, CA. 93456

Please check all interested dates:

_____ **June 26-30, 2018**

_____ **July 17-21, 2018**

Name of Applicant: _____ Age: _____ Grade: _____

Applicant's Address: _____

City: _____ Zip Code: _____

School: _____ Telephone #: _____

Parent's E-mail address: _____

Have you ever attended Camp HOPE before?	Yes	No
Have you ever received financial assistance from the SBCACF for Camp HOPE?	Yes	No

TO THE YOUTH CANDIDATE-- Please answer the following questions below:

- 1) Why are you interested in attending Camp HOPE?

- 2) How do you think you can use the information that you learn at Camp HOPE to share with others?

- 3) How do you think you can make the world a better place for the animals in your community?

By signing below, you agree that the above information is true and correct, to the best of your knowledge.

Signature of the youth candidate

Date

Signature of parent/guardian

Date

Family Verification Form: Applicant's Name: _____

TO: Parents of the Youth Candidate Who is Applying for Financial Assistance for Camp HOPE

Please complete the following information

My family is experiencing unusual extenuating circumstances (chronic illness or death of a family member, recent parental unemployment, natural catastrophe, other...)

Please thoroughly explain

Our annual family income is: (please check the appropriate box)

below \$15,000 \$15,000 to \$30,000 \$30,000 to 40,000 \$40,000 to 50,000
 \$50,000 to 60,000 \$60,000 to 70,000 \$70,000 to 80,000 \$80,000 or more

Our family is :

A single-parent household A two-parent household Other: _____

The number of children in the house (including foster children) _____

Anything else you would like to share

By signing below, you agree that the above information is true and correct, to the best of your knowledge.

Signature of parent/guardian

Date