



Walden West Summer Camp

15555 Sanborn Rd, Saratoga, CA 95070 – email WWSummerCamp@scooe.org
Phone: (408) 573-3057 Fax: (408) 573-3081 www.waldenwest.org/summer/

Scholarship Request Form

This application must be returned to Walden West. Applications received **after** May 31 will only be considered if funds remain.

Walden West Summer Camp offers a limited number of scholarships to families in need of financial assistance. The online registration requires payment in full, so if your request is accepted, a **\$250** refund will be applied to your credit card. If you have registered and the scholarship is denied, we will give a full cancellation refund if requested.

Scholarships are for one child for one week. You may not receive more than one scholarship per child. You need to complete one form for each child. Decisions will be made on an individual basis based on income, family size and order in which applications are received. The deadline for requests is **May 31**.

PRIMARY ADULT – Please print legibly

<i>First & Last Name</i>	<i>Phone</i>	<i>Alternate Phone</i>
<i>Address</i>		<i>City, State, Zip</i>
<i>Email address</i>		
Do you receive income? Yes No		

SECONDARY ADULT

<i>First & Last Name</i>	<i>Phone</i>	Do you receive income? Yes No
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HOUSEHOLD MEMBERS

Number of children under 18 in your home: _____ Number of adults over 18 in your home (including self): _____

WHAT PROGRAM(S) IS YOUR CHILD REGISTERED FOR? Check appropriate box(es) below.

Wild Things:	June 10	June 17	June 24	July 8	July 15	July 22	July 29	
World of Wonder (WOW):	June 10	June 17	June 24	July 8	July 15	July 22	July 29	Aug 5
Trail Blazers:				July 8	July 15	July 22	July 29	
Girls+ Leadership:	June 10							
Leaders in Training:				July 8	July 15	July 22		
Leaders in Training +:							July 29	
Junior Counselors:	June 10	June 17	June 24	July 8	July 15	July 22	July 29	
Family Camp:				July 1				



HOUSEHOLD MONTHLY INCOME

Please attach appropriate qualifying documents, *such as*:

1. Current federal tax return
2. Two of the most recent pay stubs from primary and secondary adult (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income
3. AFDC and SSI recipients include a copy of disbursement voucher
4. Details and amounts of income or assistance you currently receive for:

Unemployment	\$ _____	Child Support/Alimony:	\$ _____
Social Security (SSI):	\$ _____	Disability:	\$ _____
Pension/Retirement:	\$ _____		

Are you receiving any other financial assistance? Yes No
 If yes, what? _____

TOTAL MONTHLY INCOME _____

Are there any other factors that we should take into consideration in evaluating your need for assistance?

Supporting documents will not be returned, so please enclose photocopies. Each application is reviewed and approved independently. If there are changes in your income, please notify Walden West.

ACKNOWLEDGEMENT

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time program payments are required to receive financial assistance awards. I understand I am subject to the rules and regulations of Walden West.

Signature *Date*

Generous donations to **Walden West Foundation** have provided funding for these summer camp scholarships.

To learn more please visit www.waldenwestfoundation.org

OFFICE USE ONLY: _____