



2019 Summer Camp Scholarship Form

Baltimore, Maryland USA

Thank you for your interest in attending our DSC's Juniors Summer Day Camp! DSC is a non-profit 501(c)3 in Baltimore, Maryland that is offering **9am - 4:00pm** 1 week camp sessions that are accessible to all kids, between the ages of 8-13, who want to learn how to sail. *Summer Camp enrollment is first come, first served.* If you are looking for financial assistance, you will need to fill out this form and provide some **proof of income** (W2, SNAP benefits or scholarship from a private school). There is a **\$25** processing fee for this form which is **non-refundable once your child has been awarded the scholarship. This is just the scholarship form; please officially register for the summer camp on our website: www.downtownsailing.org/summercamp.**

TUITION AND FINANCIAL AID

Limited financial aid is available. We try very hard to make camp accessible to all and not turn campers away due to financial need. Please fill out one form for each individual camper.

COMPLETING YOUR APPLICATION

Include the following:

- Program/Financial Aid application
- \$25 non-refundable application fee: **Checks should be made out to: "Downtown Sailing Center"**
- Proof of income: W2, etc or school scholarship



and send it to:

ATTN: Junior Camp
 Downtown Sailing Center
 1425 Key Hwy
 Baltimore, MD 21230

info

1. CHOOSE A SESSION

Circle the session you wish to attend. If your schedule is flexible, indicate your preferred session by placing a "1" by your first choice, "2" by your second, and "3" by your third.

- | | | |
|-----------------------------|--------------------------|--------------------------|
| ___ Session 1: Jun 10-15 | ___ Session 2: Jun 17-21 | ___ Session 3: Jun 24-28 |
| ___ Session 4: Jul 1-5 | ___ Session 5: Jul 8-12 | ___ Session 6: Jul 22-26 |
| ___ Session 7: Jul 29-Aug 2 | ___ Session 8: Aug 5-9 | ___ Session 9: Aug 12-16 |
| ___ Session 10: Aug 19-23 | | |

2. CAMPER AND PRIMARY CONTACT INFORMATION

Camper Name: _____ Nickname (if different): _____

Date of Birth: _____ Name of School: _____ Grade: _____

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address you check frequently: _____

Best way to contact you? **(circle one)** Home Phone Cell Phone Email

Please send my paperwork via US mail or Please send my paperwork via email

3. EMERGENCY CONTACTS

Please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person(s) we contact.

First Contact's Name: _____ Relationship: _____

Home Phone: ____ - ____ - _____ Work/Cell Phone: ____ - ____ - _____ ext ____

Second Contact's Name: _____ Relationship: _____

Home Phone: ____ - ____ - _____ Work/Cell Phone: ____ - ____ - _____ ext ____

4. SAFETY INFORMATION

Please list all known conditions so we can accommodate your camper's needs. Does your camper have any medical, mental, or emotional conditions; allergies; or special needs the staff should know about?

5. OTHER INFO

Are there other campers that your child hopes to attend camp with? _____

FINANCIAL AID SECTION

It is part of our mission to be accessible to children of all financial backgrounds. Applying for financial aid will neither increase nor decrease your chances of getting into the program. We encourage you to ask for assistance if you need it and pay what you can.

Directions: Fill out this form, **one for each camper/student for whom you are applying for.** Sign and send in forms.

1. How much can you pay towards the camp session? _____
2. Do you participate in the free/reduced lunch program at your school?
 Yes No, we don't qualify No, my school doesn't have that program
3. What is the annual income of your family? _____
4. How many dependents are in your family? _____
5. Are you a single-income family? Yes No
6. Does the child, for whom you are applying for, receive child support? Yes No
7. What is the ethnicity of your camper (optional)? _____ Prefer not to say
8. Please include any additional information you would like for us to know on a separate sheet and include it with the application form.

I verify that all the information I have provided in this document is true to the best of my knowledge.

X _____ Date: _____

Your Signature