2020 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, school scholarship info

and send it to:
ATTN: Junior Camp
Downtown Sailing Center
1425 Key Hwy
Baltimore, MD 21230

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 15-19   ____ Session 2: Jun 22-26   ____ Session 3: Jun 29- Jul 3
____ Session 4: Jul 6-10    ____ Session 5: Jul 12-17   ____ Session 6: Jul 20-24
____ Session 7: Jul 27-31   ____ Session 8: Aug 3-7     ____ Session 9: Aug 10-14
____ Session 10: Aug 17-21

2. CAMPER AND PRIMARY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Camper Name:</th>
<th>Nickname (if different):</th>
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<tbody>
<tr>
<td>______________</td>
<td>________________________</td>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Name of School:</th>
<th>Grade:</th>
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<td>_____________</td>
<td>________________</td>
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| Name of Parent/Guardian/Primary Contact: |
| _________________________________________________________________________ |

| Mailing Address: | City: |
| _________________________________________________________________________ | |

<table>
<thead>
<tr>
<th>State:</th>
<th>Zip Code:</th>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Work Phone:</th>
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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