



YSI Summer Camp Confidential Financial Assistance Application

- YSI is dedicated to making summer science programs accessible to children of all backgrounds.
- Priority is given to children who are referred to us by schools and partner agencies. Secondary priority is given to individual families who are self-referred.
- You may request up to 3 camps per child. We reserve the right to limit the number of camp scholarships per child or per family, to ensure the greatest possible number of children is served.
- We will make every effort to confirm camps no later than two weeks prior to the start of camp, and to accommodate your specific camp request. Camp spaces are subject to availability, in some cases, you may be offered an alternate camp choice.
- Scholarship requests are filled on a first-come, first-served basis until all available funds are utilized. Apply early!
- **There is a \$25 fee for each scholarship week awarded, per camper to cover administrative costs.**

Name(s) of child(ren) and age(s): _____

Primary Adult:

Name _____

Address _____

Phone Number _____

(1) List reason(s) for requesting Camp Scholarship.

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

Combined household income (all sources) per month: \$ _____

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)
- 3) AFDC and SSI recipients include a copy of disbursement voucher
- 4) Title 1 Free/Reduced Lunch Verification
- 5) Details and amounts of income or assistance you currently receive for:
 - Unemployment _____
 - Child Support/Alimony _____
 - Social Security (SSI) _____
 - Pension/Retirement _____
 - Disability _____
 - Other _____



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Number of children / dependents in your household: _____

I am submitting my signed financial assistance application for your consideration, and certify that the information provided is correct.

Signature of Parent or Guardian _____ _____ / _____ / _____
Print Name Date

Street Address _____ _____
City, State Zip Code

Phone Number _____
Email Address

Please mail or email application to:
Youth Science Institute | Attn: Summer Camp Scholarships
Address: 296 Garden Hill Drive Los Gatos, CA 95032
Phone: (408) 356-4945 | camp@ysi-ca.org



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Availability

Please list your camper's availability and Camp Theme preferences. We will do our best to accommodate your requests.

Example:

A) Child's Name: Mae Jemison

Grade in Fall 2019: K

Preferred Dates of Camp

Preferred Camp Theme

(1) 6/24/19 - 6/28/19

Preferred Camp Theme: Investigators Camp

A) Child's Name: _____

Grade in Fall 2019: _____

Preferred Dates of Camp

Preferred Camp Theme for the corresponding week

(1) ___ / ___ / 2019 - ___ / ___ / 2019

(2) ___ / ___ / 2019 - ___ / ___ / 2019

(3) ___ / ___ / 2019 - ___ / ___ / 2019

B) Child's Name: _____

Grade in Fall 2019: _____

Preferred Dates of Camp

Preferred Camp Theme for the corresponding week

(1) ___ / ___ / 2019 - ___ / ___ / 2019

(2) ___ / ___ / 2019 - ___ / ___ / 2019

(3) ___ / ___ / 2019 - ___ / ___ / 2019

C) Child's Name: _____

Grade in Fall 2019: _____

Preferred Dates of Camp

Preferred Camp Theme for the corresponding week

(1) ___ / ___ / 2019 - ___ / ___ / 2019

(2) ___ / ___ / 2019 - ___ / ___ / 2019

(3) ___ / ___ / 2019 - ___ / ___ / 2019

D) Child's Name: _____

Grade in Fall 2019: _____

Preferred Dates of Camp

Preferred Camp Theme for the corresponding week

(1) ___ / ___ / 2019 - ___ / ___ / 2019

(2) ___ / ___ / 2019 - ___ / ___ / 2019

(3) ___ / ___ / 2019 - ___ / ___ / 2019
