

CAZADERO PERFORMING ARTS CAMP
FAMILY CAMP

SCHOLARSHIP APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
ALL INFORMATION FURNISHED WILL BE HELD IN STRICT CONFIDENCE

Name of Applicant: _____ Session: _____

Name of Spouse and names and ages of children: _____

Home Address: _____ Phone: () _____

City, State, Zip: _____

Occupation: _____ Employed by: _____

Spouse's occupation: _____ Employed by: _____

How many children living at home?: _____ Away at college, but dependent?: _____

Family total yearly income: _____ Total number of dependents: _____

How much can you contribute toward the camp fee?: _____

Is there any other information we should consider? _____

Signature: _____ Date signed: _____

IMPORTANT

The \$55.00 registration fee and \$100 per camper deposit is required even though you are applying for a scholarship. Please enclose a copy of the first page of your most recent federal tax return and any other documentation that will help us assess your need for a scholarship. If you have any questions or concerns, please contact joelle@cazfamilycamp.org

Mail applications so that they reach our office as soon as possible.

Please mail applications to:

CPAFC
432 60th Street
Oakland, CA 94609