



# ALPINE CAMP AND CONFERENCE CENTER

P.O.Box 155  
 Blue Jay, CA 92317  
 Phone: 1800 350 6289 Fax: 909 337 2574  
 E-Mail: info@alpine-cc.org Web: www.alpine-cc.org

## Scholarship Application

Due Dates - May 15, 2013 Requesting more than 50% of the camp fee. / June 1, 2013 Requesting up to 50% of the camp fee.

\*Note: Scholarship is given off of the full price of camp. May not be combined with any other offers or discounts. Scholarships are processed on a first come first serve basis. Actual amount given is determined by Alpine's interpretation of need.

### Part #1 - Applicants Name (PERSON ATTENDING CAMP)

Last Name:	First Name:	M.I.
This is the first time I have received a scholarship for this camper: Yes      No	Camp Attending:	

### Part #2 - Household Members and Monthly Income:

Names of all household members (Include parents and children living in the household)	Combined gross monthly income for each family member: Include earnings from work (before deductions), welfare, child support, alimony, pension, retirement, social security and any other monthly income	
1.	1.	Total Combined Monthly Income For Household:
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	

### Part #3 - Signature: An adult household member must sign this statement and complete the requested information before the application can be approved.

*I certify that the above information is true and correct.*

Signature of household member:	Print Name:	Date:
Address:      (Street Address)      (City)      (State)      (Zip Code)	Home Phone:	Work Phone:

*Office Use Only:*

--