



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.	
2.	2.	
3.	3.	Total Combined Monthly Income For Household:
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:

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