

**ENSURING ACCESS**

The Watersports Camp is dedicated to ensuring access to all who wish to participate regardless of financial background. We offer a scholarship program based on household need. The funds awarded to campership recipients are provided The California State Parks Division of Boating and Waterways, The San Diego Yacht Club Sailing Foundation, US Sailing, and by donations from members of the MBAC community. To ensure we are responsible stewards of available funds, we ask our applicants to provide documentation to verify household income. **All adults in the household must provide verification of income.**

Household income may be shown by Express Verification or Traditional Verification.

**EXPRESS VERIFICATION**

Applicants receiving aid from county or state agencies have already undergone a thorough income verification process. We will require current documentation (within one year) of the following for express verification.

TYPE	ACCEPTED DOCUMENT
Cash Aid, CalFresh (Food Stamps)	CalWorks Notice of Approval
Federal Free or Reduced School Lunch	Notice of Approval
Medi-Cal Benefits	Benefit Identification Card (BIC) or NOA
Alternative Childcare Payment (CRS/CDA) Certificate from CRS	Notice of Approval
WIC Statement	Letter/Voucher
HUD/Section 8	Statement Letter

Need help accessing your documents? If you receive aid from one of these programs but need a copy of your notice of action, please visit [www.mybenefitscalwin.org](http://www.mybenefitscalwin.org) to print out a copy.

**TRADITIONAL VERIFICATION**

We will require the following for traditional verification:

- **Most recent tax return:** first two pages of Forms 1040 or 1040A
  - Self-employed individuals must include Schedule C
- **Two most recent pay stubs**
  - Self-employed individuals must document their current income
- **Other income verification** (if applicable)
  - **SSI or Disability Statement**
  - **Unemployment Benefits**

**PLEASE REDACT/OBSCURE PERSONAL INFORMATION (SSN numbers, address, account numbers, etc) FROM DOCUMENTS BEFORE SENDING.**

**Completed application and income verification should be submitted via email ([campership@watersportscamp.com](mailto:campership@watersportscamp.com)), fax (858-488-9625), or by mail (1001 Santa Clara Place, San Diego, CA 92109).**

# CAMPERSHIP APPLICATION

## HOUSEHOLD INFORMATION

Primary Member First Name		MI	Last Name
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			Birth Date (mm/dd/yyyy)
Email	Phone (     )     -		
Address			Unit #
City	State	Zip	
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone			
Household Member 1	Birth Date (mm/dd/yyyy)		Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Household Member 2	Birth Date (mm/dd/yyyy)		Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Household Member 3	Birth Date (mm/dd/yyyy)		Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Household Member 4	Birth Date (mm/dd/yyyy)		Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Household Member 5	Birth Date (mm/dd/yyyy)		Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Have you previously received a campership from The Watersports Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## SCHOLARSHIP REQUESTED

Program Name:	Participants:
Program Name:	Participants:
Program Name:	Participants:
Program Name:	Participants:

## YOUR PERSONAL STORY

Tell us how you feel a scholarship could benefit your household:

Do you authorize us to share your story with the public?  Yes  No

# CAMPERSHIP APPLICATION

## HOUSEHOLD INCOME

All adults requesting scholarship must provide verification of income. Please disclose all sources of income.

**EXPRESS VERIFICATION** Please initial the program that applies for each adult in the household:

Pre-approval Program (Select the program that applies):			
<input type="checkbox"/> Calworks/Cash Aid	<input type="checkbox"/> Free/Reduced School Lunch	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> CalFresh	<input type="checkbox"/> WIC	<input type="checkbox"/> HUD/Section 8	<input type="checkbox"/> Alt. Pay for Childcare (CRS/CDA)
STAFF USE ONLY	Receiving Staff Initials	Date Received	

## TRADITIONAL VERIFICATION

Adult Name	Income Type	Amount/Frequency	Annual Income	Verified? Staff initial/date
<b>Current Household Annual Income:</b>				

\_\_\_\_\_ (initial) I AGREE TO PROVIDE A THANK YOU LETTER UPON REQUEST TO THE FUNDING ORGANIZATION AT THE COMPLETION OF THE AWARDED CAMPERSHIP.

I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact The Watersports Camp immediately so that campership can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature	Date
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## OFFICE USE ONLY

Application Review (print name)		Member Contact Date	
Prior Year: _____%	<input type="checkbox"/> Approved _____%	<input type="checkbox"/> Denied (reason)	
CCC Reason Code Used:	Executive Approval (if applicable)		
Campership Expiration Date:	Final Review/Authorization (Sign and Print)		