



CAMP CONCORD SUMMER EXPERIENCE FINANCIAL AID APPLICATION

To be completed by Parent/Guardian

Please complete the application below; all information will be kept confidential and will only be used to determine eligibility for financial aid for the 2021 Summer Camp Experience at Camp Concord.

Financial Aid is Limited, and will be available on a first-come, first-serve basis.

This form can be typed or filled out by hand. Please write legibly if filling out by hand

Parent/Guardian Information:

Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

Participant Information:

If you have more than one participant, please enter their information below:

Participant #1:

Name: _____

Grade: _____ Gender: Male Female Birthdate: _____

Address: _____

Participant #2:

Name: _____

Grade: _____ Gender: Male Female Birthdate: _____

Address: _____

Participant #3:

Name: _____

Grade: _____ Gender: Male Female Birthdate: _____

Address: _____

Participant #4:

Name: _____

Grade: _____ Gender: Male Female Birthdate: _____

Address: _____

Participant Eligibility:

1. When was the last time your participant(s) was/were active in First Tee – Contra Costa Programming? (Enter season and year)

(First Tee – Contra Costa Programming refers to 6-week Winter Session, 8-week Spring, Summer, Fall Session, or Girls Golf Program.

Week-long Summer Camps, Tournament Series are not eligible for this opportunity.)

Participant #1 _____

Participant #2 _____

Participant #2 _____

Participant #2 _____

2. Is/Are your participant(s) Premium Members of First Tee – Contra Costa? Learn more about the Premium Membership at:

firstteecontracosta.org/parent-resources/membership/

Participant #1 _____ Participant #2 _____

Participant #3 _____ Participant #4 _____

Household Information:

1. What is the total number of people in the participant's household? _____
2. Does your participant receive free or reduced lunch assistance? _____

Participant #1 _____ Participant #2 _____

Participant #3 _____ Participant #4 _____

3. What is the household's total annual income? _____

4. Please share why you need financial assistance and how will the financial assistance help you send your youth to the Summer Experience:

5. What amount of financial aid would you like to receive?
(Please note, financial aid is very limited, and will be awarded on a first-come, first-serve basis.

20% 30% 40% 50% Other: _____

By signing below, I verify that the information provided in this application is true and correct to the best of my knowledge. I understand additional information may be requested by First Tee – Contra Costa in order to determine the amount of financial aid awarded.

Parent/Guardian Name (*print*) Signature Date

To be completed by camper

Parent/Guardian: Please have your participant complete the section below. For more than one participant, please use separate sheets.

Participant's Name: _____

In your own words, please tell us why you would like to attend this Summer Camp Experience.
