



**Scholarship\*\*  
and  
Income Eligibility Guidelines**

Please determine your eligibility based on the following table.  
Please complete the attached form and return it to Thousand Pines Camp (if you are signing up as an individual camper) or to your Group Leader (if you are attending with a group.)

(Dollar amounts are based on net income.)

HOUSEHOLD SIZE*	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	\$ 26,955	\$ 2,247	\$ 1,124	\$ 1,037	\$ 519
3	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
4	\$ 40,793	\$ 3,400	\$ 1,700	\$ 1,569	\$ 785
5	\$ 47,712	\$ 3,976	\$ 1,988	\$ 1,836	\$ 918
6	\$ 54,631	\$ 4,553	\$ 2,277	\$ 2,102	\$ 1,051
7	\$ 61,550	\$ 5,130	\$ 2,565	\$ 2,368	\$ 1,184
8	\$ 68,469	\$ 5,706	\$ 2,853	\$ 2,634	\$ 1,317
For each additional family member, add:	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134

\* A household of one means a child who is his or her sole support. Foster children are one-member households. Household is synonymous with family and means a group of related or unrelated individuals, who are living as one economic unit sharing housing and all significant income and expenses.

**Please complete the attached application and submit for consideration. Qualified applicants are awarded funds based on availability and order in which they are received. Scholarship funds are limited. Upon completion we will notify your group leader or email you (if you are signing up as an individual). Please be sure to include a working email address.**

**Thank You!**

**SCHOLARSHIP APPLICATION & ELIGIBILITY FORM**

Name of Organization student is attending with: \_\_\_\_\_  
 Date student is attending: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**PART 1 – CHILD’S NAME**

LAST NAME	FIRST NAME	M. I.
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If **foster child**, check (✓) here  and skip to PART 3.

Enter foster child’s total monthly income (this is the allotment that you provide them with): \$

**PART 2A -- HOUSEHOLDS RECEIVING FOOD STAMPS, WIC, CalWORKs, Kin-GAP, FOOD DISTRIBUTION ON INDIAN RESERVATION (FDPIR) BENEFITS, OR PARTICIPATE IN THE WORKFORCE INVESTMENT ACT (WIA) PROGRAM:** Fill in one of the boxes below and skip to PART 3. **DO NOT COMPLETE PART 2B.**

FOOD STAMP CASE NUMBER	CALWORKS NUMBER	KIN-GAP NUMBER	FDPIR NUMBER
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Check (✓) here  if the child is a Workforce Investment Act (WIA) participant.

**PART 2B – HOUSEHOLD MEMBERS AND MONTHLY INCOME:** Complete this part and sign the statement in PART 3 **only** if you do not receive food stamps, CalWORKS, Kin-GAP, FDPIR Benefits, or participate in the WIA program, and did not complete PART 2A.

NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE PARTICIPATING CHILD, PARENTS, SIBLINGS AND ANY OTHER PERSONS LIVING IN HOUSEHOLD)	CHECK (✓) FOR EACH PARTICIPATING CHILD	GROSS MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS, INCLUDE ALL JOBS	WELFARE, CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	ANY OTHER MONTHLY INCOME
1.	<input type="checkbox"/>	1.	1.	1.	1.
2.	<input type="checkbox"/>	2.	2.	2.	2.
3.	<input type="checkbox"/>	3.	3.	3.	3.
4.	<input type="checkbox"/>	4.	4.	4.	4.
5.	<input type="checkbox"/>	5.	5.	5.	5.

**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 all of the above information is true and correct, that the food stamp, CalWORKS, Kin-GAP, FDPIR Benefits, or WIA Program participation information is correct and that all income has been reported. I understand that this information is being given for the receipt of federal funds and that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

SIGNATURE OF ADULT HOUSEHOLD MEMBER	PRINTED NAME	*Last four digits of Social Security Number _____ (CHECK HERE <input type="checkbox"/> IF NO SOCIAL SEC. NUMBER)	
ADDRESS	HOME TELEPHONE #	WORK TELEPHONE NUMBER	DATE

\*Section 9 of the National School Lunch Act requires that, unless the participant’s food stamp, CalWORKS, Kin-GAP, or FDPIR number is provided, you must include the Social Security Number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. Verification efforts may be carried out through program reviews, audits and investigations, and may include contacting employers to determine income, contacting a social service office to determine current certification of food stamp, CalWORKS, Kin-GAP, FDPIR benefits, contacting the State Employment Development Department to determine benefits received, and checking documentation provided by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**PART 4 – RACIAL AND ETHNIC IDENTITY:** This part is *optional*. The requested information is for statistical purposes only.

1. Check (✓) racial identity: Alaskan Native or  Asian Black or  Native Hawaiian or  White   
 American Indian  African American Other Pacific Islander

2. Is participant of Hispanic or Latino origin? Yes  No

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**For Office Use Only**

MONTHLY INCOME CONVERSION WEEKLY .....X 4.33 EVERY 2 WEEKS (BI-WEEKLY) .....X 2.15 TWICE A MONTH (SEMI-MONTHLY) .....X 2	HOUSEHOLD SIZE	TOTAL HOUSEHOLD MONTHLY INCOME \$	NOT ELIGIBLE <input type="checkbox"/> CATEGORICALLY ELIGIBLE <input type="checkbox"/> HOUSEHOLD SIZE/INCOME ELIGIBLE <input type="checkbox"/>
SIGNATURE OF AUTHORIZED REPRESENTATIVE /TITLE			DATE