

# The Kroc Center Scholarship Program Fall Camp Application 2025



| PARENT INFORMATION            |  |
|-------------------------------|--|
| Last Name:                    |  |
| First Name:                   |  |
| Phone Number:                 |  |
| Email:                        |  |
| Number of Camper's Attending: |  |
| CHILD INFORMATION             |  |
| Last Name:                    |  |
| First Name:                   |  |

| POLICIES (please initial all) |  |
|-------------------------------|--|
|                               | <b>Admin Fee:</b> \$25 fee per week/child for cancellations, changes, or no-shows, payable before new scholarships or vouchers.                            |
|                               | <b>Limited Scholarships:</b> Space and funding are limited. <b>An application does not guarantee assistance.</b>   |
|                               | <b>Attendance:</b> You must go to the camp you were funded for. You can't switch camps or give your voucher to someone else.                               |
|                               | <b>Deadlines:</b> Payments are due by the date below. It's your responsibility to track the deadlines printed on your vouchers.                            |
|                               | <b>Confidentiality:</b> All awards are confidential. Do not discuss awards with others.  |
|                               | <b>Complete Applications Only:</b> Applications are processed in the order received. Incomplete applications will not be accepted.                         |
|                               | <b>Payment:</b> Payments must be on time at the Family Resource Center (DEBIT OR CREDIT ONLY).   |
|                               | <b>Future Requests:</b> Future scholarships may be denied if funds are exhausted, policies are broken, or at the discretion of the Scholarship Department. |

## CAMP DATES

You may request a maximum of 2 weeks of camp per child.

- FALL CAMP: Kroc Adventures

|  |            |
|--|------------|
| <input type="checkbox"/> Week 1: October 6-10  | AGE: _____ |
| <input type="checkbox"/> Week 2: October 13-17 | AGE: _____ |

**CAMP HOURS:** 7:30 AM – 5 PM (extended care included)

**CAMP COST:** \$320/week (scholarship price will be assessed once all documents are received)

**APPLICATION DEADLINE:** SEPTEMBER 17<sup>th</sup>, 2025 (no exceptions)

**PAYMENT DEADLINE:** SEPTEMBER 29<sup>th</sup>, 2025 (for both weeks)

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON ELIGIBILITY

## ELIGIBILITY & DOCUMENTS REQUIRED

*(If your file is up to date, please don't resubmit)*

Please provide the following for **ALL MEMBERS LIVING IN THE HOME** (family members, parents, non-related roommates, live-in landlords, and non-family members):

### 1. IDENTIFICATION (ID) for all members of the household

- ☐ **Adults (18+):** Driver's license, Medical ID, or passport
- ☐ **Children:** Birth certificate, shot record, or medical insurance card

### 2. INCOME for all members of the household

- ☐ **Preferred:** Last year's Taxes OR Paystubs for the last 30 days
- ☐ **AND all of these if they apply:**
  - ☐ Cash Aid/TANF/Calworks GR Notice of Action or letter from your Case Manager (get it from [www.mybenefitscalwin.org](http://www.mybenefitscalwin.org), make sure your name is on it)
  - ☐ Child support or alimony court papers
  - ☐ Proof of expenses paid by the noncustodial parent (checks, Venmo/Cash App, bank statements)
  - ☐ Social Security Annual Award letter
  - ☐ College schedule and Financial Aid Award statement
  - ☐ Disability or Unemployment benefits statement (get it from [www.edd.ca.gov](http://www.edd.ca.gov))
  - ☐ Food stamp award letter or Notice of Action
  - ☐ Section 8 or Housing Assistance rent letter
  - ☐ Child Support or Spousal Support (court order or get it from <https://www.cse.ca.gov/CustomerConnect/login>)

### 3. ADDRESS VERIFICATION

- ☐ **Please give us ONE of these in your name:**
  - ☐ Last month's utility bill (SDGE, water, or trash)
  - ☐ Signed rental agreement from the last 30 days
  - ☐ Internet service bill (Cox, Spectrum, AT&T)

## SUBMIT APPLICATION EITHER:

1. **IN PERSON:** Family Resource Center (address is listed below)  
Monday – Thursday, 8:30 am - 12 pm and 1 pm- 4:30 pm (closed major holidays)
2. **BY EMAIL:** [sdkroc.frc@usw.salvationarmy.org](mailto:sdkroc.frc@usw.salvationarmy.org)

By signing below, I certify that I have read, understand, and will abide by the scholarship program policies and Admin fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_