



FRIENDS OF CAMP CONCORD

Supporting Camp Concord at Lake Tahoe

SCHOLARSHIP APPLICATION

To be completed by Parent(s)/Guardian(s) of Camper:

This portion of the application should be completed by the parent(s)/guardian(s) of the camper. This information will be kept strictly confidential and will only be used to determine eligibility for awarding Friends of Camp Concord camp scholarships.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL ADDRESS

Parent/Guardian #2

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL ADDRESS

CAMPER INFORMATION:

If you are applying for more than one child—prepare individual applications and submit together.

NAME

ADDRESS

CITY

STATE

ZIP

BIRTHDATE

AGE AT CAMP

GRADE



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With whom does the applicant live?

- Mother Only
 Father Only
 Both Parents
 Grandparent
 Other Relative
 Legal Guardian

Total number of people in applicant’s household? _____

Does this child receive free or reduced lunch assistance? YES NO

If yes, please provide a copy of approved documentation.

Does this child participate in any additional assistance programs? YES NO

If yes, please list and provide a copy of approved documentation_____

Has your camper ever been to Camp Concord? YES NO If yes, how many years? _____

Has your camper ever received a scholarship to attend FOCC camp as an individual or as part of a group?

- YES NO

If yes, how many scholarships have they received to attend Camp Concord and with what organizations?

Why do you need financial assistance and how will this scholarship help you send your youth to camp?

What amount of scholarship would you like to receive? 100% 50% Other

If your child does not receive a full scholarship are you able to contribute any amount to attend camp?

- YES NO

I verify that the above information is true and correct to the best of my knowledge.

I hereby consent to the use, reproduction, editing and/or broadcast by Friends of Camp Concord (FOCC) of any and all photographs, video recordings and audio recordings of me taken by or on behalf of FOCC, from this day, without compensation to me. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of FOCC solely and completely.

I understand there is no expiration on this release and my image can be used at any time and for any purpose to benefit the Friends of Camp Concord.

X _____ / /

PARENT/GUARDIAN SIGNATURE DATE

Friends of Camp Concord loves to share scholarship camper experiences and successes—can FOCC contact you after camp for more information about your camper’s time at Camp Concord? YES NO

Please submit applications by email to: YouthCamp@friendsofcampconcord.org
or by mail to: **Scholarship Applications, Friends of Camp Concord Youth Camp, P.O. Box 6373, Concord, CA 94524-1373**

Completing an application does not guarantee a scholarship to camp. If your camper is selected to receive a scholarship, you will be notified via email.

Questions about the application process? Call Matt Fragoso at (925) 671-3006.



SCHOLARSHIP APPLICATION

To be completed by the Camper

(Parent(s)/Guardian(s) please be sure this portion of the application is filled out by the Camper—we’re interested in hearing in the Camper’s own words why they would like to go to camp.)

NAME

In your own words, tell us why you would like to go to Camp Concord.

(This area contains 18 horizontal lines for writing.)