



Community Access Partners of San Buenaventura



Summer Digital Storytelling Classes Scholarship Application (one per child per week)

Camper's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade in Sept '10 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Child Lives with \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Email \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_

Reason of Need: (please state reason for financial hardship. If your child is a member of the Ventura Boys & Girls Club they may be eligible for our free week-long class at their Addison Center location - (805) 641-5588. You may attach a sheet to this application if needed)

Amount of Need: [ ] Full Scholarship [ ] Partial Scholarship (please state amount you can afford) \$ \_\_\_\_\_

Mark appropriate box:

- [ ] Session 1 - July 12-16 2010
[ ] Session 2 - July 23-27 2010
[ ] Session 3 - July 28-31 2010

Ages: 10 yrs to 15 yrs

Camp T-shirt included with full scholarship

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FAX, SNAIL MAIL OR DROP OFF APPLICATION TO: CAMP CAPS c/o Rich Burlingham, 65 Day Rd. Ventura, CA 93003 \* (805) 658-0505

We respect your privacy. All information included here will be held in the strictest confidence.