



2023 Youth Summer Day Camp

Scholarships

Scholarship Eligibility

Eureka Community Services is offering scholarships for its 2023 Summer Day Camps. This scholarship provides a 50% fee reduction. In order to be eligible for a 50% fee reduction scholarship, you must provide Eureka Community Services with current proof that you are receiving one of the following:

- SNAP (Supplemental Nutrition Assistance Program);
- AFDC (Aid to Families with Dependent Children);
- SSI (Social Security Income);
- Medi-Cal;
- FDPIR (Food Distribution Program on Indian Reservations); or
- Your household meets the Income Eligibility Guidelines (must complete Income Eligibility Worksheet and provide supporting documentation).

Funding Sources for Scholarships

The 50% Reduction Scholarship Program would not be possible without the generous donations of several organizations. In the past, grants and donations have been received from Humboldt Area Foundation, Humboldt Sponsors and E Clampus Vitus 101 Eureka. Without these funds, Eureka Community Services would not be able to provide this service to families. Eureka Community Services commends these local organizations for their dedication to enriching the lives of local youth.

Application Procedure & Important Information

All applicants must provide proof of stated public assistance or provide current pay stubs/tax returns, etc. for all working household members plus complete the Income Eligibility Worksheet (see last page). A current benefits card or approval/award of benefits letter may be used as proof of eligibility.

Summer Day Camp registration for those applying for a scholarship must take place in person at the Adorni Center (1011 Waterfront Dr., Eureka). Online registration is not available for those requesting a 50% fee reduction.

All applicable waivers, program registration forms, etc., must be completed by parent/legal guardian at time of registration.

Scholarships funds are limited and available on a first come, first served basis. No refunds or pro-rates will be offered for missed days of camp.

All program rules apply to scholarship recipients. Staff reserve the right to remove any participant that does not comply with staff directions and/or site rules.



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Definition of Income

Income for scholarship purposes means income before deductions for income taxes, employee’s social security taxes, insurance premiums, bonds, etc. It includes the following:

- Monetary compensation for services including wages, salary, commissions or fee.
- Net income from non-farm self-employment.
- Net income from farm self-employment.
- Social Security.
- Dividends or interest on saving bonds, income from estates or trusts, or net rental income.
- Public assistance or welfare payments.
- Unemployment compensation.
- Government civilian employee, or military retirement, or pensions or veteran’s payments.
- Private pensions or annuities.
- Alimony or child support payments.
- Regular contributions from persons not living in the household.
- Net royalties.
- Other cash income. Other cash income would include cash amounts received or withdrawn from any sources including savings, investment, trust accounts, and other resources which would be available to pay the price of registration.

Income Eligibility

Household Size	Annual	Monthly	2x per Month	Every 2 Weeks	Weekly
1	\$16,744	\$1,396	\$698	\$638	\$322
2	\$22,646	\$1,888	\$944	\$871	\$436
3	\$28,548	\$2,379	\$1,190	\$1,098	\$549
4	\$34,450	\$2,871	\$1,436	\$1,325	\$663
5	\$40,352	\$3,363	\$1,682	\$1,552	\$776
6	\$46,254	\$3,855	\$1,928	\$1,779	\$890
7	\$52,156	\$4,347	\$2,174	\$2,006	\$1,003
8	\$58,058	\$4,839	\$2,240	\$2,233	\$1,117
For each additional family member, add:	\$5,902	\$492	\$246	\$227	\$114



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Income Eligibility Worksheet

Only complete this part and sign the statement below if you do not receive SNAP, AFDC, SSI, Medi-Cal or FDPIR benefits.

You must also present current pay stub (last 30 days) or 2022 tax return when turning this application in.

Names		Current Income/Frequency							
Names of all household members (participating child, parents, siblings and any other persons living in household)	Check for each participating child	Earnings from work		Welfare, Child Support, Alimony		Payments from Pensions, Retirement, Social Security		Earnings from 2nd job or any other income	
		Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

I certify that all of the above information is true and correct 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		Date Signed
Home Phone	Work Phone	Home Address (Street, City, Zip Code)		

DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

Household Size	Total Household Monthly Income \$	Not Eligible Household Income Eligible
Reviewed & Approved by Staff:		Date: