

2025 SUMMER NATURE CAMP

SCHOLARSHIP APPLICATION

The Summer Camp Scholarship Program is a financial assistance opportunity designed to provide a wonderful camp experience to children who would not be able to participate without assistance. The Arboretum has a limited number of scholarships available for children ages 5-10 who meet the eligibility requirements. This year's scholarship week camp theme is "Weird & Wild," and the dates for the session are June 30-July 4, 9am-5pm. Applicants must commit to attending at least four out of the five camp days in order to be considered.

APPLICATION INFORMATION

To apply for a scholarship, families must complete all of the following steps:

- Complete an application for each child.
- Provide documentation to verify eligibility (see section below).
- Email application and eligibility documentation to brooke.applegate@arboretum.org.
- If accepted, pay a \$25 application fee, due immediately upon confirmation of award.

ELIGIBILITY INFORMATION

To qualify for a Summer Nature Camp scholarship, families must provide Proof of Eligibility from ONE of the three eligibility categories below:

ELIGIBILITY CATEGORY #1:

Photo of qualification letter or current card showing participation in one of the following eligible programs:

- Medi-Cal/Low Income Health Insurance
- CalFresh
- WIC
- CalWORKs (TANF)
 - *Note: When sending documentation, please cover account numbers but leave names visible.*

ELIGIBILITY CATEGORY #2:

A signed, self-certification statement indicating household income falls within the "Very Low Income" category for LA County, and expressing why you are in need of a scholarship:

- **Persons in household/Income limit categories:**
 - 2 people/\$55,450 or less total annual household income
 - 3 people/\$62,400 or less total annual household income
 - 4 people/\$69,350 or less total annual household income

5 people/\$74,900 or less total annual household income
6 people/\$80,450 or less total annual household income
7 people/\$86,000 or less total annual household income
8 people/\$91,550 or less total annual household income

- By submitting self-certification, applicants certify that household income is within the stated limits. Eligibility may be reviewed at any time, and applicants agree to submit proof of income-based eligibility upon request. Accepted documentation may include pay stubs, tax forms, or other official correspondence.
- *For additional information, visit the 2025 State Income Limits page [HERE](#).*

ELIGIBILITY CATEGORY #3:

We understand that some families may be facing financial difficulties based on circumstances that are not represented in categories #1 and #2 above. If you fall into this category, to apply you may submit a one-page document explaining your reasons for needing camp financial assistance with your application.

POLICIES

Please review the following policies before submitting an application:

- All scholarships will be awarded on a first-come, first-served basis.
- Applications with missing information will not be considered.
- Applications without documentation of eligibility will not be considered.
- Acceptance/denial letters will be emailed within one week of receiving complete applications.
- A \$25 application fee will be required if accepted, due immediately upon approval.
- Any person discovered to have falsified their eligibility will be disqualified from current or future scholarship consideration.

PLEASE PROCEED TO THE APPLICATION ON THE NEXT PAGE.

ARBORETUM CAMP SCHOLARSHIP APPLICATION FORM

STEP 1

HOUSEHOLD INFORMATION:

Guardian's Name: _____ Relationship to Child: _____

Guardian's Email Address: _____

Guardian's Phone Number: _____

Address: _____

Family Size: # of Adults = _____ # of Adults Employed = _____ # of Children = _____

PARTICIPANT INFORMATION:

Child's Name: _____ Child's Age by June 2025: _____

Child's Date of Birth: _____ Has your child attended our camp before? _____

(Complete the below for any siblings wishing to be considered.)

PARTICIPANT INFORMATION:

Child's Name: _____ Child's Age by June 2025: _____

Child's Date of Birth: _____ Has your child attended our camp before? _____

(Complete the below for any siblings wishing to be considered.)

PARTICIPANT INFORMATION:

Child's Name: _____ Child's Age by June 2025: _____

Child's Date of Birth: _____ Has your child attended our camp before? _____

STEP 2

ELIGIBILITY CATEGORY #1: Which of the following eligible programs do you participate in:

Medi-Cal/Low Income Health Insurance: ____ CalFresh: ____ WIC: ____ CalWORKs (TANF) ____

ELIGIBILITY CATEGORY #2: Which of the following “Persons in household/Income limit” categories do you fall into:

2 people/\$55,450 or less total annual household income ____

3 people/\$62,400 or less total annual household income ____

4 people/\$69,350 or less total annual household income ____

5 people/\$74,900 or less total annual household income ____

6 people/\$80,450 or less total annual household income ____

7 people/\$86,000 or less total annual household income ____

8 people/\$91,550 or less total annual household income ____

ELIGIBILITY CATEGORY #3: If you are facing financial difficulties due to circumstances that are not represented above, please submit a one-page document explaining your reasons for needing camp financial assistance with this application.

STEP 3

Email a scanned or photographed copy of your completed application to Brooke Applegate at brooke.applegate@arboretum.org **AND** attach a scanned or photographed copy of either your qualification letter or current card showing participation in one of the eligible programs listed above, a signed, self-certification statement indicating that your household income falls under the very low income guidelines for LA County listed above, or a one-page documenting expressing why you are in need of a scholarship. (Proof of income may be required upon request.) Applications with missing information will not be considered. An Arboretum staff member will reach out to you within one week with a status update.