

OAKLAND RECREATION SUMMER CAMP SCHOLARSHIP REQUEST FORM

Parent/Guardian Name (PLEASE PRINT) _____

Address _____

DO YOU HAVE THE FINANCIAL ABILITY TO CONTRIBUTE TO THE COST OF YOUR CHILD SUMMER CAMP STAY ? ___ YES ___ NO

SCHOLARSHIP REQUEST FOR:

OPEN CAMP

DAY CAMP

NAME(S) OF CAMPER(S) and grade(s) entering in September 2024 :

1) _____

2) _____

3) _____

4) _____

SCHOLARSHIP REQUEST FOR DAY CAMP: *campers entering kindergarten thru fifth grade in September 2024*

SCHOLARSHIP REQUEST CAN BE FOR EITHER SESSION 1 OR SESSION 2

SESSION 1 (FIRST THREE WEEKS OF CAMP/ JUNE 24TH THRU JULY 12TH)

SESSION 2 (SECOND THREE WEEKS OF CAMP/JULY 15TH THRU AUGUST 2ND)

SCHOLARSHIP REQUEST FOR OPEN CAMP: *campers entering sixth thru ninth grade in September 2024*

SCHOLARSHIP REQUEST CAN BE FOR ANY TWO WEEKS

WEEK 1/ JUNE 24-JUNE 28 TRIP - TBA

WEEK 2/ JULY 1-JULY 5 TRIP - TBA

WEEK 3/ JULY 8-JULY 12 TRIP - TBA

WEEK 4/ JULY 15-JULY 19 TRIP - TBA

WEEK 5/ JULY 22- JULY 26 TRIP - TBA

WEEK 6/ JULY 29-AUGUST 2 TRIP - TBA

