Camp ARF Scholarship Request Form

ARF’s need based scholarships are intended to assist families with financial hardship and allow children to attend ARF youth programs who would otherwise be unable to.

As we have limited scholarship funds, we are only able to award scholarships for one camp session per child. Scholarships may be full or partial. The specific camp session name and date must be listed on the application. View the full camp schedule at www.arflife.org/camp-arf

To be considered for a scholarship, please submit completed application materials to youth@arflife.org, or fax 925-977-9079, Attn: Humane Ed Department

Name/Date of Camp Session Requested: ____________________________________________________________

Child’s Name: ___________________________ Child’s Current Grade: ________________

Parent/Guardian’s Name: ____________________________________________________________

Phone ___________________________ Email __________________________________________________________________________________

What is your household’s annual income? ____________________________________________________________

How many people live in your household? _______________ How many are minors? _____________

Does your child receive free or reduced-price meals at school? YES NO

How much are you able to contribute towards the program fee? ______________________________________

Please submit the following with your application:

1. Supporting evidence of income for ALL income earners in the household reflecting the income listed. Confidential information will be shredded after confirmation by Humane Education Manager.

2. One paragraph describing any specific financial situations that your family faces that would make it difficult for you to pay the program fee for your child.

3. Any other information you think we should know about why your child would benefit from attending Camp ARF

I verify that all of the information I have provided above is true to the best of my knowledge.

Parent / Guardian Signature ___________________________ Date ___________________

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