



Rawhide Ranch Scholarship Application

Thank you for your interest in an **overnight summer camp experience** at Rawhide Ranch! Rawhide Ranch is a private, independent camp whose hopes are to be able to provide scholarships for campers to experience the joy of a ranch camp. Scholarships are awarded based on need and the availability of funds. The amount of the scholarship will vary and will usually cover a portion of the cost of camp. The scholarship committee will begin to review applications as received and applicants will be contacted via email in May 2021. **Funds are limited.**

PLEASE FILL OUT THIS FORM COMPLETELEY AND RETURN ALL 3 PAGES WITH REQUIRED ITEMS TO:

Rawhide Ranch
 Attn: Scholarships
 6987 West Lilac Road
 Bonsall, CA 92003

<u>Office Use Only</u>	
Name:	
Recd':	
Session #:	
Needs:	

Rawhide Ranch Summer Camp Scholarship & Eligibility Guidelines

- ✦ **Funding is limited and scholarships are not guaranteed to all applicants.**
- ✦ Scholarships will be awarded based on need, merit and the availability of funds.
- ✦ Incomplete applications will not be reviewed.
- ✦ Inability to attend without a scholarship due to financial constraints.
- ✦ Commitment to attending one full session of overnight week-long summer camp.
- ✦ Camper must be 7 to 15 years old.
- ✦ Online registration must be completed in addition to the scholarship application (see next line).

Scholarship Requirements & Instructions

- ✦ **Please register online for the Summer Camp 2021 session of your choice to ensure you have a spot in the session you want.** Go to www.rawhideranch.com and click "Register Now". You will be required to pay the minimum deposit of \$239 per session, per child. **If you need to cancel your registration as a result of not receiving a scholarship and/or the amount of the scholarship isn't enough and you cannot afford camp, your deposit WILL be refunded.**
- ✦ Submit completed scholarship application (ALL 3 PAGES) along with a copy of at least 1 financial document demonstrating need (recent pay stub, recent Tax Return, proof of public assistance, etc).
- ✦ If applying for more than one child in a household, please fill out one application per child.
- ✦ Applications must be received by no later than **May 1, 2021.**

Notification

- ✦ You will be notified of the status of your application **via EMAIL** after our decisions are made (after May 1st).
- ✦ **Please respond to the email notification within 5 business days.** If we do not hear from you within 5 days, your scholarship will be awarded to another applicant.

Financial Information

Eligibility for need based scholarships is based on the following criteria and conditions including household size and income standards. If an applicant does not fall within these criteria but can prove other special circumstances, the scholarship committee will review and may grant a scholarship. In addition to your financial document (recent pay stub, most recent Tax Return, proof of public assistance, etc) please complete the following.

Number of people in your household (*including yourself*) _____ Number of dependents _____

Please indicate your total net annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

<input type="checkbox"/> Below \$10,000	<input type="checkbox"/> \$20,001-\$25,000	<input type="checkbox"/> \$35,001-\$40,000	<input type="checkbox"/> \$50,001-\$55,000	<input type="checkbox"/> Over \$70,000
<input type="checkbox"/> \$10,001-\$15,000	<input type="checkbox"/> \$25,001-\$30,000	<input type="checkbox"/> \$40,001-\$45,000	<input type="checkbox"/> \$55,001-\$60,000	
<input type="checkbox"/> \$15,001-\$20,000	<input type="checkbox"/> \$30,001-\$35,000	<input type="checkbox"/> \$45,001-\$50,000	<input type="checkbox"/> \$65,001-\$70,000	

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time? If yes, please explain (you'll also have room in your letter to explain).


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Camper & Registration Information

Camper's First & Last Name (*one request per form*): _____

Camper's Gender - Check one: () Male () Female Camper's Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian #1 Full Name & Relationship to Camper: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Parent/Guardian Email Address: _____

Important: Scholarship Award Decision plus ALL camp notifications will be sent by EMAIL.

Parent/Guardian #2 Full Name & Relationship to Camper: _____

Cell Phone: (_____) _____ Email Address: _____

Has your child attended any program at Rawhide Ranch before? Check One: () YES () NO

→ If YES, which program/camp and when were they here last? (Ex. Summer 2019): _____

Has your family received a Scholarship opportunity in the past from Rawhide Ranch? Check one: () YES () NO

Does your camper have a bunkmate request? First & Last Name: _____

Rawhide Ranch Costs \$939 per week (Overnight camp only)

Inclusive of: Counselors, food, housing, staff, riding lessons, classes, games, fun, evening activities, learning, and so much more

What is the maximum amount your family can contribute \$ _____

**If applying for more than one child, please enter the amount you can afford PER CHILD (one application per child please).*

What session(s) did you register for? Please circle one or more:

Session #1 (July 4-9)

Session #5: (August 1-6)

Session #2 (July 11-16)

Session #6 (August 8-13)

Session #3 (July 18-23)

Session #7 (August 15-20)

Session #4 (July 25-30)

Session #8 (August 22-27)



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Letter of Need

In addition to the above information we ask that each family include a statement about why a scholarship is necessary for your child to come to camp and how your child/family will benefit from camp. Please explain your child's need for a scholarship; why do they want to come here? Explain home/family situation, extenuating circumstances and child's needs or any other information you would like us to consider regarding your circumstances and your child. Attach a separate sheet if necessary.

I certify that all of the above information is true and that all income is reported. I understand that this information will be kept strictly confidential and will only be used in determining scholarship eligibility.

Signature: _____ Date: ____/____/____

Please return this completed form by Mail, E-Mail or Fax to Rawhide Ranch. Thank you!

Mail to:
Rawhide Ranch
Attn: Scholarships
6987 West Lilac Road
Bonsall, CA 92003

E-mail to: registration@rawhideranch.com

Fax To: (760) 758-0440

Any Questions? Please call the Ranch office at: **(760) 758-0083 Ext 0**