

## UCP of the North Bay SCHOLARSHIP APPLICATION

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant Name(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Have you registered for the program? Yes  No

**Registered for:**

Adventure Trip  BOOST Conductive Education  Camp CAZ  Camp Kaos   
 Cycle without limits Bike Camp (Winter)  Cycle without limits Bike/Swim Camp (Summer)   
 Cypress Summer Program  Other, specify:

Scholarship amount requesting from UCP of the North Bay: \_\_\_\_\_

Total household size: \_\_\_\_\_

Please indicate if you are receiving any assistance from any of the following programs and/or enrolled in any programs listed below.

Kaiser Program– Adaptive Behavior Program  Regional Center – Adaptive Behavior Program   
 California Children Services  Cypress After School Program  Other: \_\_\_\_\_

Are there any specific circumstances that we should be aware of in considering your request?

Would a payment plan help in paying your portion? If so, state terms acceptable to you.

All information provided to UCP of the North Bay will be kept strictly confidential. We ask you to please sign this application stating you have true financial hardship that would prevent your child (children) from attending the program without financial assistance.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed scholarship application as soon as possible due to that scholarships are limited:

UCP of the North Bay or scholarship@ucpnb.org  
 Attn: Scholarship Committee  
 1301A Rand Street  
 Petaluma, CA 94954