Parks, Recreation and Neighborhood Services FAMILY CAMP AT YOSEMITE – LEININGER CENTER

FAMILY CAMP AT YOSEMITE

APPLICATION FOR CAMPERSHIP PROGRAM – 2017 (Low Income Fee Support)

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How much Fee Support is offered?

Family Camp fees may be reduced by no more than 50% from the standard/core fee for a limited number of participants, as determined by the City of San Jose's Department of Parks, Recreation and Neighborhood Services. This discount applies to residents of the City of San Jose and it applies to the Summer Season only. There is a maximum of 6 people per tent, for no more than 4 nights, and one application per tent.

Low Income Fee Support Guidelines (Camperships)

The City of San Jose's Department of Parks Recreation and Neighborhood Services has established guidelines to determine who qualifies for a reduction of fees for specific programs. Applicants must provide proof of eligibility for all conditions, as noted in verification requirements.

Camperships will be awarded on a first come, first served basis and **ARE SUBJECT TO AVAILABLE FUNDING**. Completion of an application does not guarantee approval of a Campership. Completed applications and copies of your proof of eligibility will be accepted by mail to the Family Camp at Yosemite Office at 1300 Senter Road, San Jose, CA 95112, in person at the Family Camp at Yosemite Office, by fax at (408) 286-3682, or by email at familycamp@sanjoseca.gov. Applications must be submitted at least 14 days prior to the requested camp dates. Please allow 7-10 days after submittal to be notified of award status, which will be by email. Any refunds will be only for amount paid by customer. Refund requested must follow the existing Department of Parks, Recreation and Neighborhood Services refund policies. See Family Camp's registration website at www.sanjoseca.gov/prns/familycamp.

There is a maximum award of 4 nights total.

Who Qualifies for Fee Support?

You must be a resident of San Jose

Applicant's household is enrolled in any of the following Federal or State of California programs: (must provide proof to verify eligibility)

- a. Pacific, Gas and Electric's *CARE* program
- b. California Lifeline program (reduced rates for telephone)
- c. Women, Infants & Children (WIC)
- d. Temporary Assistance for Needy Families (TANF)
- e. Food Stamps/California Advantage/Calfresh
- f. Supplemental Security Income (SSI)
- g. CA State Unemployment Insurance benefits
- h. Enlisted in the US. Military and must be considered an "active" member

| Family Ca | amp a | at Yosemite- Application | for Campership F | Program - 2017 | |
|---|---------|----------------------------|--------------------------|----------------------------|--|
| SECTION I: Camper | | | Date: | Date: | |
| Applicant Name: | | | | | |
| Mailing Address: | | | | | |
| City: State: | | | Zip: | | |
| Primary Phone () | - | Email: | | | |
| How did you hear abou | ıt us? | | | | |
| Names of Additional Campers | Age | | For Offi | ce Use Only | |
| | | Number of Nights = | A Prime= | | |
| | | Dates Choice #1= | A Non Prime= | | |
| | | Dates Choice #2 = | Y Prime= | | |
| | | Tent Choice #1= | Y Non Prime= | | |
| | | Tent Choice #2 = | Sub total = | Total Award= | |
| Staple copies of your eligibility to this <u>application form</u> , incomplete applications will be returned. Eligible programs include: Pacific, Gas and Electric's <i>CARE</i> program, California Lifeline program (reduced rates for telephone), Women, Infants & Children (WIC), Temporary Assistance for Needy Families (TANF), Food Stamps/California Advantage/Calfresh, Supplemental Security Income (SSI), Section 8 rent subsidy, CA State Unemployment Insurance benefits and enlisted in the US. Military and must be considered an "active" member | | | | | |
| | | and Signature of Applicant | haan mat Any falaifiaati | ion of information will be | |
| The information provided is true and correct and eligibility criteria have been met. Any falsification of information will be cause for immediate and automatic disqualification from this program. Camperships are awarded as funding is available and this application does not guarantee an award. Applicants are responsible for at least 50% of the fees due. Participation in the Campership Program will be subject to all Policies and Procedures set forth by the City of San José's Department of Parks, Recreation & Neighborhood Services. I understand that my signature below indicates that I have read and understand the policies and procedures of | | | | | |
| the City of San José Department of Parks, Recreation and Neighborhood Services Campership Program. | | | | | |
| Date: Applicant Signature: | | | | | |
| For Office Use Only | | | | | |
| Type of Eligibility sub | bmitted | | Eligibility Status: | | |
| - ype or <u>-</u> ngmmy common (morner) | | Accepted | | | |
| | | + | Denied & R | eacon. | |
| | | | | | |
| Signature of Authorized Agency Representative: | | | Title: | Date: | |