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

FAMILY CAMP AT YOSEMITE

APPLICATION FOR CAMPERSHIP PROGRAM – 2016
(Low Income Fee Support)

Inside:

- How much fee support is offered?
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- Low Income Campership Program Guidelines.
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Questions? Contact Family Camp at Yosemite at 408-794-6208 or email Familycamp@sanjoseca.gov

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, 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?

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 Camp at Yosemite- Application for Campership Program - 2016

SECTION I: Camper/Applicant Information		***Date:***
Applicant Name:		
Mailing Address:		
City:	State:	Zip:
Primary Phone ( ) -	Email:	
How did you hear about us?		

Names of Additional Campers	Age		***For Office 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=

SECTION II: Proof of Eligibility

Staple copies of your eligibility to this application form, incomplete applications will be returned.
Eligible programs include: Pacific, Gas and Electric's ***CARE*** 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

SECTION III: Certification and Signature of Applicant

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 submitted *(list below)*		***Eligibility Status:***
		_____Accepted
		_____Denied & Reason:

Signature of Authorized Agency Representative:	***Title:***	***Date:***