



# SCHOLARSHIP APPLICATION FORM

Return via mail or email / 13 E. Haley St., Santa Barbara CA 93101 / info@surfhappensfoundation.com

**DATE :**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

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

Parent/Guardian Name \_\_\_\_\_

**Scholarship Type :** Day Camp  After School Program

Camp Name \_\_\_\_\_ Camp Week / Session \_\_\_\_\_

## Please submit the following and Check off before returning

Applications are only accepted in English

- 1. Surf Happens Foundation scholarship **application** form ( required )
- 2. Details of **Household Income** form ( required )
- 3. Write an **essay** on "What's inspiring about surfing " (maximum 500 words) Things to include: When did you start surfing, or if you haven't, why do you want to learn? What do you want to be when you grow up? (for ages 8 and up)
- 4. **Signed declaration** stating that applicant will remain a student if chosen to receive a scholarship and that applicant will submit a end-of- year/summer report on how the scholarship money was spent.

## Declarations

I \_\_\_\_\_ pledge to stay in school and maintain good grades if I am a recipient of a Surf Happens Foundation Individual Surf Scholarship. I understand the importance of receiving a good education in addition to the pursuit of surfing.

I \_\_\_\_\_ pledge to submit a status report at the end of my scholarship period if I am a recipient of a Surf Happens Foundation Individual Surf Scholarship. This report will demonstrate how the scholarship money is being used and detail my experience.

Print Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Gaurdian \_\_\_\_\_ sign X \_\_\_\_\_

## Details of Family Income

I FILED GENERAL TAXES FOR LAST YEAR

- I am an individual filing jointly; I am providing ONE 1040 form
- We filed more than ONE tax form in our household, we are providing \_\_\_ 1040 forms

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR

Current Income \_\_\_\_\_

- My household income has changes since I filed taxes last year
- Documents showing two months of income (including pay stubs and/or documentation of government assistance)

If applicable: Documentation of any other income such as SSI, SSDI, unemployment, pension, Social Security Benefits, child support, student loans, food stamps, etc. If applicable: Layoff notice from employer

Total Annual Household Income \$ \_\_\_\_\_ Primary Parents \_\_\_\_\_

MONTHLY INCOME List sources of monthly income (if it does not apply to you, write N/A)

Wages, salaries, tips \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Supplemental Security Income (SSI) \$ \_\_\_\_\_

Disability Income (SSDI) \$ \_\_\_\_\_

Social Security Benefits \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

401K/Retirement Funds/IRAs \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Investment Income \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

### OFFICE USE ONLY

Date Received : \_\_\_ / \_\_\_ / \_\_\_

Tax Return : Y / N Two Recent Pay Stubs : Y / N

Other Forms of Income : \_\_\_\_\_

Total Yearly Income : \_\_\_\_\_

Given : \_\_\_\_\_

Number of dependents : \_\_\_\_\_

EFFECTIVE DATE : \_\_\_\_\_

DATE : \_\_\_\_\_

APPROVED BY : \_\_\_\_\_

### OPTIONAL

We sincerely care about your health and well-being, and we recognize that your financial documents alone may not tell your whole story. You may use this space to include additional information about your situation, if you feel it is relevant to your application.

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