



Ocean In Motion: Marine Science Education Program Financial Assistance

The San Diego Oceans Foundation makes every effort to ensure that no child be denied access to our programs because of financial hardship. Our ability to provide financial assistance comes from various grants and donations made by those who care about the health and future of our oceans.

What is SDOF financial assistance?

SDOF financial assistance provides partial scholarships to families who cannot afford the full costs of our Ocean In Motion program. SDOF is fully committed to being accessible to all, and we work hard to support those who may be in challenging financial situations.

How is the amount of financial assistance determined?

We use a sliding scale based on total household income and the number of household members to determine scholarship awards. We may ask for supporting documentation to verify application information and consider special circumstances when providing assistance.

What does SDOF consider 'income'?

Applicants must list all types of HOUSEHOLD income.

This includes all wages, tips, retirement pay, Social Security (SS), Supplemental Security Income (SSI), disability, unemployment, Temporary Assistance for Needy Families (TANF), child support, housing assistance, utility assistance and food stamps.

Terms of awards:

Awards may take up to fourteen (14) business days upon receipt of completed application.

All program scholarships are granted for up to one calendar year from the award date.

All financial assistance applications are confidential and only viewed by SDOF staff.

San Diego Oceans Foundation
1875 Quivira Way, Suite C-5
San Diego, CA 92109
p: (619) 523 - 1903; f: (619) 523 - 1979
e: info@sdoceans.org



Ocean In Motion Financial Assistance Application

Applications will not be considered for funding if not complete.

Applications may take up to 14 working days to process.

PLEASE COMPLETE all information and answer all questions.
This application is confidential.

Be prepared to supply any of the following documents upon request:

- most recent tax return (1040 or W-2)
- last two paycheck stubs
- copies of other financial assistance as applicable (SSI, AFDC, etc.)

Please return completed application to:

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APPLICANT INFORMATION

Applicant's Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Work/Mobile Phone:** (____) _____

Email: _____

Employer: _____ **Length of Employment:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Financial Assistance Policy Statement

It is the policy of the San Diego Oceans Foundation to provide services within the limits of our resources to anyone who wishes to participate in our programs, regardless of his/her ability to pay the standard fees.

The San Diego Oceans Foundation believes that a strong sense of ownership and pride is developed if the assistance recipient contributes to the cost of his/her involvement.

Therefore, all applicants will be asked to pay a portion of his/her costs.

* The San Diego Oceans Foundation determines its awards on a sliding scale basis.

For office use only

Date of Award _____ **Date Received** _____ **Percent Awarded** _____ **Annual Income** _____

HOUSEHOLD INFORMATION

Total # of adults in household (ages 18 and over): _____

Total # of children in household (ages 17 and under): _____

Total # of persons in household: _____

Second Adult (Name): _____ Date of Birth: _____

Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work/Mobile Phone: (____) _____

Children in Household (ages 17 and under):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

INCOME INFORMATION

Monthly take-home income of Applicant: _____

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Monthly take-home income of Second Adult: _____

=

COMBINED Monthly take-home income: _____

Are you currently receiving **any** financial assistance? Yes No

If so, what type and how much are you receiving? (AFDC, SSI, Child Support, Food Stamps, etc)

Type: _____ Monthly Amount: _____

Type: _____ Monthly Amount: _____

Type: _____ Monthly Amount: _____

Have you received Financial Aid from SDOF in the past? Yes No

The statements I have given are true and correct.

I have read and agree to the Financial Assistance Policy Statement of the San Diego Oceans Foundation.

Applicant's Signature: _____ Date: _____