

SCHOLARSHIP APPLICATION FORM

Name: _____

Child's Name and Age: _____

Address: _____

Phone and Email: _____

School Your Child Attends: _____

Please fill out the following information to help us determine scholarship opportunities:

1. Do you qualify for free and reduced lunches?

2. Are you a one income family?

3. Besides yourself, who else is living in your home?

4. Does your child participate in any other after school activities?

5. For what session (s) of Summer Camp would you like to receive a scholarship?

6. Has your child expressed a special desire to participate in Summer camp?

7. If you were to receive a partial scholarship, would you be able to cover some of the cost?

8. Is there anything else you would like us to know about you or your child?

