



Summer Day Camp



Scholarship Application Form

(PLEASE PRINT)

My child has a membership: Yes No

Last Name: _____ First Name: _____ Date: _____

Address: _____ Phone (Home) : _____ (Cell): _____

Number of People in Household: _____ First Time Scholarship Request: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Scholarships are for Summer Day Camp attendance and are awarded based on applicant eligibility and available funds. Only complete applications will be processed. Please be thorough. Applicants must reapply annually.

WEEKS REQUESTING:

<u>Sessions</u>	<u>Sessions Dates</u>		<u>Sessions</u>	<u>Sessions Dates</u>	
Week 1	May 26 – May 29	<input type="checkbox"/>	Week 7	July 6 – July 10	<input type="checkbox"/>
Week 2	June 1 – June 5	<input type="checkbox"/>	Week 8	July 13 – July 17	<input type="checkbox"/>
Week 3	June 8 – June 12	<input type="checkbox"/>	Week 9	July 20 – July 24	<input type="checkbox"/>
Week 4	June 15– June 19	<input type="checkbox"/>	Week 10	July 27 – July 31	<input type="checkbox"/>
Week 5	June 22– June 26	<input type="checkbox"/>			

* No scholarships are available during Week 6 VBS June 29 – July 3
Modified Camp Pricing/VBS Week for each child:

- \$62.50 Mem
- \$80.00 Non Member

***Each individual included in the household 19 years of age and older is required to show proof of income with one of these three items:**

- 1.) Has been accepted into the Kroc Center’s Member Scholarship Program.
- 2.) Income Falls into the US 2019 poverty guidelines. (W2’s accepted for proof)
- 3.) Qualifies for The Reduced Lunch Program.

Please sign as verification of your understanding and acceptance of the Kroc Center Scholarship Program.

Signature: _____

OFFICE USE ONLY

Date Received: _____

Date Completed: _____

Proof of Income: _____

Contact Date: _____

Income Range: _____

Amount Awarded: _____

Notes: _____

Director Signature: _____ Date: _____