

CAMP SCHOLARSHIP APPLICATION

Please be sure to complete all requested information and **SIGN** on back of form.

Date _____

Child's Name _____
(last) (first)

Address _____

City _____ State _____ Zip _____

Telephone _____ Age _____

Has he been to camp before _____ Which? _____

How long would you like your child to attend camp? _____

How much do you feel you can afford to pay? _____

How many in family above age 18 _____ How many below age 18 _____

Marital Status (Head of Family) Married Separated Divorced Widowed

<u>Adult Members</u>	<u>SS#</u>	<u>Yearly Income</u>	<u>Income Source (Occupation)</u>
Mother	_____	_____	_____
Father	_____	_____	_____
Sister	_____	_____	_____
_____	_____	_____	_____
Brother	_____	_____	_____
_____	_____	_____	_____

What is your total family income before deductions? _____ (Include wages of all working members, welfare payments, pensions, social security, and all other income.)

Fill in one: Weekly _____ Monthly _____ Yearly _____

Monthly Rent _____ Do you own your own home? _____

School _____ Tuition _____

Do you receive Welfare assistance? _____ If yes, which category? _____

Did you receive Medicaid? _____ Medicaid No. _____

Blue Cross/Blue Shield Nos. _____

What are your reasons for requesting this scholarship? _____



This notice must be brought to the attention of all household members whose social security numbers are disclosed. The social security numbers may be used to verify the correctness of information stated on the application. These verification efforts may be carried out through the program reviews, audits and investigations, and may include contacting employers to determine income, and contacting the state employment security office to determine the amount of benefits received, contacting the food stamp benefits, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

Please attach last income tax return and letters from child's principal or rabbi. Also attach rent receipts and tuition receipts.

Section 9 and 13 of the National Lunch Act requires that in order for your child(ren) to be eligible for Program meals, you must provide the Social Security Numbers is not mandatory, but failure to provide the numbers will result in denial of applications for Program meals.

I hereby certify that all the information herein is true and correct. I understand that this information is being given in connection with the receipt of Federal funds, that institution officials may verify information and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

X _____
Signature of adult family member

Date

Print Name

Address

Telephone

CAMP COMMITTEE RULING:

Eligible Reduced

Eligible Free

Ineligible Free/Reduced

Reason for Denial _____

Eligibility Official _____
Signature

Date _____