

**B'H**

## CAMP SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

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

Child's Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Father's Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Mother's Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Has she been in camp before? \_\_\_\_\_ Which camp? \_\_\_\_\_

For how long would you like your child to attend camp? First trip \_\_\_\_ Second trip \_\_\_\_

How much do you feel you can afford to pay per trip? \_\_\_\_\_

How many people in family? (parents & children) \_\_\_\_\_

Marital Status:

(Head of Family) \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Monthly rent \_\_\_\_\_ Do you own your own home? \_\_\_\_\_

School \_\_\_\_\_ Tuition \_\_\_\_\_

Do you receive welfare assistance? \_\_\_\_ If yes, which category? \_\_\_\_\_

Do you receive Medicaid? \_\_\_\_ Medicaid No. \_\_\_\_\_ (enclose copy of card)

What are your reasons for requesting this scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_