

# Solid Rock Day Camp a ministry of Grace Fellowship Church

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February, 3, 2010

## Camper Scholarship Application

Dear Parent or Guardian,

We are excited that you want your child to spend a week(s) with us this coming summer. A week at camp truly is a life-changing experience and we want to help make this possible for your child! Please complete the enclosed Camper Scholarship Application request form and return it to us as soon as possible. We need this basic information for our records and assure you that it will remain confidential. To process a scholarship application we require a Camper Registration form to accompany it. We do feel that a camper (or parent/guardian) should have partial responsibility in paying a portion of the tuition, which will also enhance their camp experience. We ask that each family contribute as much as they can (minimum of \$25.00 registration fee). If this is not possible, please indicate reasons below and we will try to work with you. In general, options such as sports and adventure clinics, transportation, extended care and special group events are not covered by the scholarship program. If you wish to sign up for these options you must pay the additional amount. We review all scholarship applications monthly. All requests postmarked by the 15th of each month will be reviewed and we will inform you of the scholarship awarded by the end of the month. Please review the Camper Scholarship Application procedures included on the back of this letter. Again, thank you for your cooperation and participation at Solid Rock. If you have any questions please do not hesitate to contact the camp office. We look forward to seeing you this summer.

Scott McQuade

*Scholarship Fund Administrator*

### Procedure

- It is our desire that all children should have the opportunity to come to camp. The purpose of the Camper Scholarship Fund is to provide financial assistance for those who otherwise would not be able to attend camp. We view this process as a partnership between the family and the camp.
- Scholarships are based on need and extenuating circumstances and are given on a first come, first serve basis (funding is limited). The fund is provided through the generosity of local individuals, foundations and companies. Your expressed appreciation would be welcomed.
- **Please note that if you are provided assistance, your child will not be able to sign up for additional clinic programs, with the exception of the swimming clinic.**
- To help our limited scholarship resources assist as many campers as possible we ask that the family, their friends, church, extended family and friend contribute as much as they can towards the camp fees.
- To process Campership Requests, a Camper Registration form and deposit are required.
- Scholarships are reviewed and awarded monthly.
  - All scholarship applications postmarked by the 15th of the month will be reviewed during that month.
  - Those requests will be notified by the end of the month of the amount awarded.
  - Scholarship applications received after June 15th will be reviewed on an as needed basis.
- If a scholarship award does not meet the needs of a request, any deposits paid will be refunded.
- All scholarship applications must be submitted before you arrive at camp. We are not able to honor requests for scholarships once campers have arrived at camp.

Please complete the following application (one per camper) and provide any additional paper work or other supporting documents that would help us make an eligibility determination. This application must accompany a current summer registration and health form, if not already provided. Mail or drop off the completed application to the camp office. Someone from the camp office will contact you with in 10 days of receipt of your application, indicating the amount of financial aid granted.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*Please circle best number to reach you at*

Father's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Approximate monthly income: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Approximate monthly income: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

☞ Parent's Marital Status:  Married  Divorced  Single  Widowed

Separated

☞ Number of dependants in household: \_\_\_\_\_

☞ If you receive Food Stamps please indicate your Food Stamp Case Number \_\_\_\_\_

☞ If you receive TANF Benefits please indicate your TANF Benefits Case Number \_\_\_\_\_

☞ Has your child received financial assistance from Solid Rock Day Camp before?  YES  NO

☞ Have you checked with family, friends, work, church or a civic organization to see if they will help  
provide funds for camp?  YES  NO

# 2010 Camper Scholarship Eligibility Application



☞ Please explain why you are requesting financial assistance or any special circumstances that we should be aware of in considering your request.

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*The Camper Scholarship Program is a partnership between the camper's family, congregation, and the camp. Please consider what your family and extended family can contribute to the cost of camp. Contact your pastor to see what amount your church may contribute. Enter these amounts on the lines below to figure the amount of scholarship that you are applying for.*

☞ What level of financial assistance are you requesting? Will siblings be attending? How many weeks would you like to attend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ 25.00 (Required \$25.00 registration fee per camper)

\$ \_\_\_\_\_ Amount I can pay per week

\$ \_\_\_\_\_ Amount provided by my extended family, friends, church, DYFS, work, or other civic organizations

\$ \_\_\_\_\_ Amount I am requesting from the Camp Scholarship Fund

*I certify that all of the above information and any supporting documentation are true, accurate and correct. I also certify that all income has been reported. I understand that any scholarship awarded is subject to revocation and/or adjustment if found to be otherwise.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Granted / Denied	Date: _____
Amount of Financial Aid Granted: _____	
Reviewed by: _____	