



# CAMP WASHINGTON - SCHOLARSHIP APPLICATION

2010

Financial assistance is awarded to children who could not otherwise attend camp and will be awarded on the basis of need. To apply, parent(s)/guardian/foster parent(s) should complete the following form and return it to *Camp Washington, 190 Kenyon Road, Lakeside, CT 06758* with a signed copy of your 2009 Federal Tax Return or proof of Financial Assistance before May 15th. You will be notified by mail regarding your confidential application for assistance no later than **June 1st**. Scholarship applications received after May 15<sup>th</sup> will be considered as they are received and as long as financial assistance is still available.

### PLEASE NOTE:

- Even if you are applying for scholarship a \$100 per session deposit is required for registration
- If your eventual scholarship award is not adequate for your needs and you cancel your camper's registration, your \$100 deposit(s) will be refunded
- Camp Washington does not award 100% scholarships.
- Scholarships will be considered for a maximum of 2 one-week sessions & a stay-over weekend only
- Horseback riding lessons are eligible for scholarship funds as one of the 2 maximum sessions at the same percentage awarded for camp tuition

Please type or print the following information:

### I. General Information

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_

Parents/Guardian/Foster Parent Name (circle one): \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager \_\_\_\_\_

With whom is camper living? (check one)  Both Parents  Mother  Father  Guardian  Foster Parent

### II. Annual Household Income Information (Complete All That Apply)

Employment (Gross Family Income): \$ \_\_\_\_\_ yearly

Other Income (child support, disability, unemployment, DCF, State/Public Assistance) \$ \_\_\_\_\_ week/month/yearly (Circle One)

**\*\* PLEASE ATTACH A COPY OF YOUR SIGNED 2009 FEDERAL TAX RETURN/PROOF OF PUBLIC ASSISTANCE OR YOUR REQUEST WILL NOT BE PROCESSED. \*\***

Number of children being supported by Parent(s)/Guardian/Foster Parent \_\_\_\_\_ Ages \_\_\_\_\_

Are other dependents living with the family? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages/relationships \_\_\_\_\_

Unusual financial obligations (e.g. medical and dental bills, education)

### III. Church Affiliation

Name, Address, Phone \_\_\_\_\_

Clergy Name: (priest, minister, pastor) \_\_\_\_\_  Episcopal  Other

(please print)

**I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE:**

Parent/Legal Guardian/Foster Parent:

Signature \_\_\_\_\_ Date \_\_\_\_\_