

Summer Camp Series Scholarship Application

Camper Name(s): _____

School child(ren) will be attending: _____

*Must be a resident of City of Carmel or Clay Township

List the Type of Camp for Your Child or Children AND List Weeks in Order of Preference	
Type of Camp	Weeks in Order of Preference
	1)
	2)
	3)
	4)
	5)
	6)
	7)
	8)
	9)

Quality for: Free Lunch _____ Yes _____ No Reduced Lunch _____ Yes _____ No

Parent/Guardian Name(s): _____

Phone Number: _____ E-mail: _____

List Persons Residing in Your Household (Total Number: _____)	

Monthly Income (Before Taxes): \$ _____

***MUST INCLUDE FRONT PAGE OF FEDERAL TAX RETURN**

Signature: _____ Date: _____

Please submit Scholarship Application to: ATTN: Linda Acosta, Carmel Clay Parks & Recreation
1235 Central Park Drive East, Carmel, IN 46032 or fax to 317.573.5254

SCHOLARSHIPS APPLICATIONS MUST BE RECEIVED BY MONDAY, FEBRUARY 1, 2010 AND WILL BE NOTIFIED BY MONDAY, FEBRUARY 8, 2010. SCHOLARSHIPS WILL BE AWARDED PENDING AVAILABILITY OF SCHOLARSHIP FUNDS. *MAXIMUM OF ONE WEEK PER CAMPER. ADDITIONAL WEEK(S) MAY BE AWARDED PENDING AVAILABILITY OF SCHOLARSHIP FUNDS.* APPLICANTS WILL BE CONTACTED BY PHONE & EMAIL.

Office Use Only	
Date Received _____/_____/_____	Date Reviewed & Applicant Contacted: _____/_____/_____
Qualify: _____ Yes _____ No	
(If no, does not apply) _____ 50% _____ 100%	
Scholarship Number: _____	

