

Summer Camp Series Scholarship Application

Camper Name(s): _____

School child(ren)/ward(s) will be attending: _____

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

List the Type of Camp for Your Child(ren)/Ward(s) AND List Weeks in Order of Preference	
Type of Camp	Weeks in Order of Preference
	1)
	2)
	3)
	4)
	5)
	6)
	7)
	8)
	9)

Parent/Guardian Name(s): _____

Phone Number: _____ E-mail: _____

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

Monthly Income (Before Taxes): \$ _____

***Must include 2018 IRS 1040 tax form. Please cover Social Security number.**

Signature: _____ Date: _____

Please submit Scholarship Application to: ATTN: Jennifer Brown, Carmel Clay Parks & Recreation
1235 Central Park Drive East, Carmel, IN 46032 or scan & email to jbrown@carmelclayparks.com

SCHOLARSHIPS APPLICATIONS MUST BE RECEIVED BY **APRIL 1, 2019** AND WILL BE NOTIFIED BY APRIL 15, 2018.
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 or EMAIL.

Office Use Only	
Date Received ____/____/____	Date Reviewed & Applicant Contacted: ____/____/____
Qualify: ____ Yes ____ No	____ 25% ____ 50% ____ 75% ____ 100%
Scholarship Number: _____	

