

# Summer Camp Series (SCS) 2021 Scholarship

## Applicant Information Form

Please print all information legibly. A single scholarship application may be submitted for all campers in a family.

Camper Name(s): \_\_\_\_\_

Camper Age(s): \_\_\_\_\_

Address Camper(s) are Residing\*: \_\_\_\_\_

**\*Must Be a Current Resident of Clay Township**

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Number of Household Members: under 18 years of age \_\_\_\_\_ 18 years of age and over \_\_\_\_\_

Camps Options: The Summer Experience, Under the Sun and En Route (Max of 1 awarded week per qualifying camper)

Please write preferred camp location and week:

\_\_\_\_\_

\_\_\_\_\_

### Completion Checklist

Please review/include:

- Reviewed Scholarship Terms and Conditions
- Included Scholarship Applicant Form
- Included all required documents for verification (listed on Scholarship Terms and Conditions)

**Incomplete applications will not be considered and will be returned immediately.**

Have you received an SCS Scholarship in the past? \_\_\_\_\_ If so, when? \_\_\_\_\_

I/We, the undersigned, understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification.  
***I agree to pay any outstanding balance I have on my household account after all scholarship money has been applied.***

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

Date Received ____/____/____	Received By (initials) ____	Date Reviewed & Applicant Contacted ____/____/____
Qualify ____ Yes ____ No		
____ 25% ____ 50% ____ 75% ____ 100%		
Scholarship Number _____		