



**The Summer Fundation Summer Camp Scholarship Application**

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Child's School: \_\_\_\_\_ Is your child on Free or Reduced Lunch? \_\_\_\_\_

What are your child's hobbies and interests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your circumstances which would qualify your child for a scholarship or financial aid.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be able to transport your child to and from camp? \_\_\_\_\_

**Are you flexible on which week(s) your child attends camp?**

- Yes.
- No, I need my child to attend during the date(s) specified.

**I would prefer the week(s) of**

1<sup>st</sup> choice \_\_\_\_\_ day/month through day/month  
2nd choice \_\_\_\_\_ day/month through day/month

Is there anything else you would like us to know?

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Attach pages if you need more space to answer questions.

**Submit this completed application to: [Summerfundation@gmail.com](mailto:Summerfundation@gmail.com). You will be contacted by phone at the number provided above or by email with information on your scholarship request as soon as possible.**