



## Scholarship Application - Summer Camp 2010

Schooner Inc offers scholarships for children who need financial assistance to attend summer camp.

**Applying for this scholarship implies that you can provide the following:**

- proof of financial need
- parent/guardian narrative
- transportation to/from camp
- camper narrative
- lunch/snacks
- parent evaluation
- camp supplies
- camper evaluation

*Eligible applicants will be accepted on a first come, first served basis - not all applicants are guaranteed scholarship and/or placement in a program. Contact our staff for more information at 203-865-1737.*

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_\_ Grade (Sept '10): \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Camp Program:**

Camp Name: \_\_\_\_\_ Session Date: \_\_\_\_\_

Portion you are able to pay: \_\_\_\_\_ Total Scholarship Request: \_\_\_\_\_

**Please Attach:**

**Document(s) that display financial need (one or more)**

- AFDC, State Welfare, Social Security, 2009 Federal Income Tax Return, Etc.

**Parent Narrative** "Why my child should receive a scholarship to attend a Schooner Inc summer camp."

**Child Narrative** "Why I want to go to Schooner Inc summer camp."

*All documents must be submitted in order to be eligible for a scholarship.*

By your signature below, you indicate that you agree to the requirements detailed above and that the information provided is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office use only**

Scholarship source: \_\_\_\_\_

Total Amount Awarded: \_\_\_\_\_