

Confidential

**YMCA Camp McConnell
Application for Scholarship**

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General Statement: Please read the cover letter before completing this form. Answer all questions. Verification of income is required. Attach a copy of your last Federal Income Tax Return (Form 1040) or other verifiable proof of annual income.

Child's Name: _____ Birth Date: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Number of Children at Home: _____

Child's School: _____ Grade: _____

School Address: _____ City: _____ State: _____ Zip: _____

Has child previously attended Camp McConnell? Yes No If yes, how many years? _____

• Father's Name: _____

Employer: _____ Phone: _____

Occupation: _____ Dates: _____

Former Employer: _____ Phone: _____

Reason for Leaving: _____ Dates: _____

• Mother's Name: _____

Employer: _____ Phone: _____

Occupation: _____ Dates: _____

Former Employer: _____ Phone: _____

Reason for Leaving: _____ Dates: _____

Annual Combined Income: \$ _____ Other Income: \$ _____

Source of other income: _____

Are you receiving other financial assistance for this camping session? YES OR NO
If yes, please explain why and who? _____

I can afford to pay the following: (please check and circle)

Weeks / Camp	At Full Fee	Fee with Scholarship of:	25%	50%	75%
___ 2 wks Resident Camp	\$1150.00	\$860.00	\$575.00	\$290.00
___ 1 wk Resident Camp	\$575.00	\$430.00	\$290.00	\$145.00

What are your goals for your child attending camp?

Goals for Camp, continued:

Please describe your child and their home life and neighborhood environment:

Please describe your child's positive characteristics, especially those that reflect our Core Values:

Respect, Responsibility, Caring, and Honesty _____

Any other pertinent information you feel we should know: _____

Please Sign: The information above is truthful. Misrepresentation will result in demand of payment for services rendered.

Applicant/Parent Signature

Date