

Summer Camp Scholarship Application

Dear Parent/Guardian,

Thank you for your interest in Camp Wind-in-the-Pines. This camp scholarship program offers financial assistance to central Massachusetts' families with children between the ages of 6 and 15, whom cannot afford the full cost of camp and meet Massachusetts State Median Guidelines. Scholarships are limited and are distributed on a first come, first serve basis. Also note, scholarships are rarely, if ever, given to cover the cost of full summer of sessions.

Please complete and return the attached forms. All portions of the application must be completed before review. If you have yet to submit summer camp registration forms, please submit with this application. Registration forms and the Summer Day Camp brochure are available online at ywcacm.org.

In order to qualify for a scholarship, you must fall within one of the following categories and provide the indicated paperwork with the application:

1. You work at least 30 hours per week. You must submit four recent pay stubs.
2. You are a student and attend class at least 5 hours per day. You must submit a class schedule for the summer semester and monthly income statements.
3. You are medically incapable of caring for your child. You must submit a letter from your physician stating reasons you cannot care for the child and monthly income statements.

If more than one parent/guardian reside in the household, both need to fall into one of the categories listed above.

Scholarship eligibility is based on your income and the fee is determined by the Massachusetts Sliding Fee Scale.

Anyone on a scholarship is required to pay the designated camp deposit at the time of scholarship acceptance and meet the required payment schedule. (See acknowledgement form for deposit and payment schedule). Failure to adhere to the above guidelines will be grounds for immediate termination.

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Complete both sides of this form for each child you are requesting a scholarship. All information must be complete and accurate. Attach pay stubs for the last four weeks for all adults contributing to the family income. Allow three (3) weeks for processing.

Child's Full Name: _____ Date of Birth: ____/____/____ Grade Entering: _____

Family Information

Parent/Guardian 1

Full Name: _____

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

Telephone: (home) _____ (cell) _____ Email: _____

Place of Employment: _____

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

Work Telephone: _____

Parent/Guardian 2

Full Name: _____

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

Telephone: (home) _____ (cell) _____ Email: _____

Place of Employment: _____

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

Work Telephone: _____

Other children in family

Name	Age	Living at Home (circle)
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

Demographic Information (Optional)

Child's Gender (circle one): Female Male Other Number of people in your household (including adults): _____

Child's Race/Ethnicity (check all that apply): American Indian/Alaskan Native Asian Black/African-American

Hawaiian Native/Pacific Islander Hispanic/Latino White/Caucasian Other: _____

Continued on next page.

