



DAY CAMP SUNSHINE CAMPER SCHOLARSHIP APPLICATION FORM

Your name: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email Address: _____

Names and ages of the campers for which you are requesting assistance:

Please describe the circumstances that make financial aid essential (feel free to attach additional paper if needed):

For which weeks would you like to send your child/children to camp?

What was your total income after taxes for the past three months? _____

What is the maximum amount of money you could pay per week towards the cost of sending your child/children to camp?

****Please submit this form to Day Camp Sunshine as soon as possible, along with a signed copy of your 2016 Income Tax Return and three most recent paystubs from 2017.**