



# 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 2017 Income Tax Return and three most recent paystubs from 2018 for all income earning adults in the residence.**