

# 2018 Freeville Summer Recreation Program Scholarship Application

**INSTRUCTIONS:** A parent or guardian **MUST** complete and sign this application in order to be considered for a scholarship. **Proof of qualification must be included. The deadline for submission is June 1 – no applications will be accepted after this date!**

**QUALIFICATION:** In order to qualify for a scholarship, your household must qualify for at least one of the following:

- HEAP
- TANF
- Free/Reduced School Lunch Program
- DSS Child Care Assistance
- Family Health Plus/Child Health Plus
- Food Stamps/WIC

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## PARENT/GUARDIAN INFORMATION:

Name/Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## CAMPER(S):

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**SIGNATURE:** I am applying for assistance with my summer program fees. I understand that all information provided is strictly confidential and will only be used in determining eligibility for a scholarship. I also understand that funds are limited and that if I am awarded assistance, I will be responsible for the balance due prior to the start of camp.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Staff Use Only

Date Received: \_\_\_\_\_

Qualification: \_\_\_\_\_ HEAP \_\_\_\_\_ Free/Reduced School Lunch Program  
\_\_\_\_\_ TANF \_\_\_\_\_ DSS Child Care Assistance  
\_\_\_\_\_ Family Health Plus/Child Health Plus  
\_\_\_\_\_ Food Stamps/WIC

Scholarship Approved: YES NO Staff Initials: \_\_\_\_\_

Total Reg. Due \$ \_\_\_\_\_ Scholarship Amt \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_