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## SUMMER DAY CAMP SCHOLARSHIP APPLICATION

The Town of Thompson offers a limited number of scholarships, ranging from \$100 - \$300 per child, depending on need. You must also complete camp registration forms to process your enrollment. The scholarship committee will award scholarships based on the following criteria:

- Financial need
- Thompson Residency
- Number of kids in household attending camp
- Space Availability

Today's Date: \_\_\_\_\_

### Parent/Guardian Information:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married  Separated/Divorce  Widowed

Child lives with:  Mother  Father  Both Parents  Other: \_\_\_\_\_

Are you a resident of the Town of Thompson?  Yes  No

Number of Children Attending Summer Camp? \_\_\_\_\_

Names of Children & Ages attending camp: \_\_\_\_\_

Amount of financial assistance requested through this scholarship? \_\_\_\_\_

Has your child received a summer camp scholarship in the past?  Yes  No

### Employer Information:

Your Employer's Name: \_\_\_\_\_

Your Employer's Address: \_\_\_\_\_

Are you employed part time or full time? \_\_\_\_\_

Spouse's/Significant Other's Name: \_\_\_\_\_

Spouse's/Significant Other's Employer's Name: \_\_\_\_\_

**Household Composition (list all members who reside with you):**

Name	Relationship	Age	Sex	Occupation	Gross Income/Source (including child support)

**REQUIRED FORMS**

To apply for assistance and be eligible for a scholarship the following information must be submitted along with this application:

- A copy of your most recent federal income tax return (e.g. 1040,1040A,1040EZ). If you did not file, please write a letter explaining that did not file a tax return.
- Most recent paycheck stub for each adult in the household or letter from your employer verifying your employment and stating your annual salary.
- A letter stating additional information you feel is relevant to your financial circumstances.

**RELEASE FORM**

1. By signing this application, I verify that all the information I have provided is true and accurate.
2. I understand that if any information is found to be false, my financial assistance is subject to termination.
3. I understand that I am responsible for paying the balance of the camp registration fees on time, and that failure to complete payment will result in camp registration to be canceled until those fees are paid.

Applicant Signature: \_\_\_\_\_