

Summer Camp Series Scholarship Application

Camper Name(s): _____

School child(ren)/ward(s) will be attending: _____

*Must be a resident of City of Carmel or Clay Township

List the Type of Camp for Your Child(ren)/Ward(s) AND List Weeks in Order of Preference	
Type of Camp	Weeks in Order of Preference
	1)
	2)
	3)
	4)
	5)
	6)
	7)
	8)
	9)

Parent/Guardian Name(s): _____

Phone Number: _____ E-mail: _____

List Persons Residing in Your Household (Total Number: _____)	

Monthly Income (Before Taxes): \$ _____

***Must include 2016 IRS 1040 tax form. Please cover Social Security number.**

Signature: _____ Date: _____

Please submit Scholarship Application to: ATTN: Linda Acosta, Carmel Clay Parks & Recreation
1235 Central Park Drive East, Carmel, IN 46032 or fax to 317.573.5254

SCHOLARSHIPS APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2017 AND WILL BE NOTIFIED BY APRIL 15, 2017. SCHOLARSHIPS WILL BE AWARDED PENDING AVAILABILITY OF SCHOLARSHIP FUNDS. MAXIMUM OF ONE WEEK PER CAMPER. ADDITIONAL WEEK(S) MAY BE AWARDED PENDING AVAILABILITY OF SCHOLARSHIP FUNDS. APPLICANTS WILL BE CONTACTED BY PHONE or EMAIL.

Office Use Only	
Date Received ____/____/____	Date Reviewed & Applicant Contacted: ____/____/____
Qualify: ____ Yes ____ No	____ 25% ____ 50% ____ 75% ____ 100%
Scholarship Number: _____	

