

## 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 2017 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 **MARCH 1, 2018** AND WILL BE NOTIFIED BY MARCH 15, 2018. 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: \_\_\_\_\_

