SCHOLARSHIP APPLICATION FORM

Thank you for considering River of Life Camp as your choice of summer fun for your child! We believe every child should have an opportunity to enjoy a week of camp, so we are dedicated to helping those families who are unable to afford such an experience. One way in which we help these families is by providing this scholarship program. We are very thankful for every partner who gives financially to help make giving out scholarships to families in need possible. If you would like to request a scholarship for your child, please fill out this application while considering the information below:

- One application should be submitted for <u>each child</u> you wish to apply for.
- Camper scholarships are not guaranteed for everyone but are given based on whether or not the child has come to camp before, whether or not the child has received financial assistance before, and the financial needs of the family.
- When completed, please <u>mail</u> the application to the address below or <u>scan and email</u> it to office@riveroflifecamp.com.
- If you have any questions, feel free to call us at the number below. Please give us time to review the application.

I am a third party, filling out this application in place of the family. . . . . If true, check this box: ☐

Name of third party: _____ Phone #: ____-____-____
First Last

Organization (if applicable): _____ Email: _____

Name of Parent/Guardian: _____ Phone #: ____-____-____
First Last

Mailing Address: _____
Street City State Zip

Parent/Guardian Email: _____

Name of Child: _____
First Last

Has this camper received assistance from us before? . . . . . ☐ Yes ☐ No
Is this camper coming to camp for the first time? . . . . . ☐ Yes ☐ No
Have this camper's parents served in the military? . . . . . ☐ Yes ☐ No

What week(s) of camp does this camper plan on attending? Check all that apply:

If Day Camp: How many days per week? _____

Snow Camp:	Weekend 1
Check:	☐

Overnight Camp:	Horse (9-11), Soccer, and Baseball Camp	Horse (12-16) and Adventure Camp	7-9 Youth Camp	10-12 Youth Camp	13-14 Teen Camp	15-18 Teen Camp
Check:	Horse:☐, Soccer:☐, or Baseball:☐	Horse:☐ or Adventure:☐	Half:☐ or Full:☐	☐	☐	☐

Day Camp:	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	All Summer
Check:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is your approximate monthly family income? $_____

What monthly financial obligations are met by this income? _____

_____

Are there any special circumstances we should be aware of? _____

_____

How much financial assistance are you hoping to receive? $_____

Please know that the registration fee(s) for each week of camp signed up for must be paid regardless of the amount received in a scholarship in order to secure your week of camp. Payment of any leftover camp fees after receiving a scholarship must also be paid for your child to be able to attend camp.

I have read the terms and conditions on this application and certify the information I provided is accurate:

Parent/Guardian/Third Party Signature: _____ Date: _____