



**Kids Creative Summer Camp Scholarship Form 2015**

**This MUST be accompanied by your most recent tax return or W2**

**Student's Name:** \_\_\_\_\_

Does your child receive a scholarship for school? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

Does your child receive a reduced or free lunch? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Parent Guardian Information:**

*We must have information for all parents/guardians in order to process your request*

Parent Guardian #1: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Parent Guardian #2: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Length of employment: \_\_\_\_\_

**Household Information:**

Number of dependants: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

School/Employer \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

School/Employer \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

School/Employer \_\_\_\_\_

**Financial Information:**

Gross Annual Income 2014: \$ \_\_\_\_\_

Sources of Income: Employment\_\_ Public Assistance\_\_ SSI\_\_ Disability\_\_ Other\_\_

I am requesting a tuition reduction for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kids Creative Summer Camp tuition is \$2,850. I believe I can afford: \$ \_\_\_\_\_

I certify that all information listed here is true and accurate to the best of my knowledge:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This scholarship request form must accompany the main camp application and cannot be reviewed without your most recent tax return or W2.**