SCOPE



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CAMP SCHOLARSHIP APPLICATION — 2022

O BE COMPLETED BY PARENT/G	UARDIAN:				
Camper's Full Name:			Please Circle O	ne:	_
			M	ALE	FEMALE
Birth Date:		Age as of 7	/1/2022:		
Public School*:	Grade Completed in June 2022:				
*PLEASE NOTE: <u>ONLY</u> CHILDREN WHO A <u>PUBLIC CHARTER SCHOOL</u> ARE ELIGIBLE					
Please Circle:	First Time(Camper	Retur	ning Cam	per
How Did You Hear About Camp/\	Who Referred You to (Camp (organiz	ation or individu	al)?	
Parent/Guardian:			Relationsl	nip to Chi	ld:
Address:			I		
City:	State:	Zip:			
Email:					
Preferred Telephone:		Single Parent	Household?	☐ YES	
Is Child on Honor Roll (or acaden	nic equivalent such as	merit list, etc)	: Y	ES	
Please List any Awards or Honors	the Child Has Receive	ed at School (c	an be academic,	arts, spo	rts, etc):
Does the Child Participate in an A please list organization):	After School Program a	at school or th	rough a commui	nity orgar	nization (if yes,
I certify that all the information letters, images and video taken that I must complete all of the medical form sent by the cam opportunity is a privilege provide camp on the designated start guarantee participation. I furthe for any issues between a camp a	of my child taken at of paperwork requested about my child's hed courtesy of SCOPE, date. I understand the courtestand that sco	camp for SCOI d by the cam ealth history. and I will mak at the applic	PE public relation p, and a physic I understand the sure that my continuous	ns efforts ian must hat this child arriv OPE prog	complete the summer camp es promptly at gram does not
Signature of Parent/Guardian		d Name			 Date

SCOPE Camper Application – 2022	Camper Name:
To the Parent/Guardian: Please give your child	this page to complete. This information is
necessary to receive a SCOPE scholarship.	
TO BE COMPLETED BY THE CAMPER:	
n order to receive a camp scholarship from SCOPE, we a stay in school. Please read and sign the statement below	
	nce of my education and:
	do my best in school
• I will make the	e commitment to stay in school
(Camper signat	cure) (Date)
Please write about yourself and why you want to go to camp	
This can include information about home, your interests, how earn at camp.	you imagine lite at camp will be or what you hope to
For Returning Campers, tell us your favorite thing about camp	and something you learned there.
You may use an extra sheet if you need more space.	
I want to go to camp because	camp bacauca
OR for returning campers: I want to go back to	camp because

First Name_______I am_____years old

REQUIRED DOCUMENTATION OF CHILD'S ELIGIBILITY

<u>PLEASE NOTE:</u> A letter from your child's school or referring agency (other than camp) stating that the child is enrolled at public or public charter school and qualifies for free or reduced lunch, is acceptable in lieu of two separate forms of documentation. This must be on official letterhead from the organization and signed by an official school or appropriate organization representative.

PUBLIC OR PUBLIC CHARTER SCHOOL ENROLLMENT

Please	<u>check one box</u> to indicate selection below and <u>attach a copy of the selected document</u> :
_ _	Report card from 2021-2022 school year; <u>student's name</u> , <u>date and grade must be visible</u> Letter from public school or public charter school verifying child's enrollment Letter from outside (non-camp) referring agency confirming child's enrollment in public school or public charter school
<u>PROC</u>	OF OF INCOME
Please	e check one box to indicate selection below and attach a copy of the selected document:
	Letter on school letterhead stating the child qualifies for Federal USDA Free or Reduced Lunch Program in the 2021-2022 school year
	Award <u>letter from:</u> SSI (Supplemental Security Income), Food Stamps, or Medicaid with eligibility dates
	Copy of Public Assistance Benefit Card

TIP: If you have a letter from the public school saying that the camper qualifies for free or reduced lunch this is a valid document for proof of Public School AND proof of Income

☐ Copy of 2021 Tax Return – front page only; child must be listed as a dependent

☐ Application for 2022 USDA Free or Reduced Lunch or SFSP signed by a parent/guardian and

*THE FOLLOWING **WILL NOT** BE ACCEPTED:

a reviewing official with eligibility determination

- 1. W-2 FORM
- 2. PAYCHECK
- 3. HEALTH INSURANCE CARDS
- 4. UNEMPLOYMENT STATEMENTS
- 5. SOCIAL SECURITY or DISABILITY BENEFIT STATEMENTS (this is not the same as SSI)