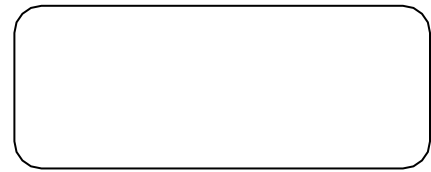


# SCOPE

## CAMP SCHOLARSHIP APPLICATION – 2023



### TO BE COMPLETED BY PARENT/GUARDIAN:

Camper's Full Name:		Please Circle One: MALE                      FEMALE	
Birth Date:	Age as of 7/1/2023:		
Public School*: <small>*PLEASE NOTE: <u>ONLY CHILDREN WHO ATTEND PUBLIC OR PUBLIC CHARTER SCHOOL ARE ELIGIBLE FOR PARTICIPATION</u></small>	Grade Completed in June 2023:		
Please Circle:		First Time Camper	Returning Camper
How Did You Hear About Camp/Who Referred You to Camp (organization or individual)?			
Parent/Guardian:		Relationship to Child:	
Address:			
City:	State:	Zip:	
Email:			
Preferred Telephone:	Single Parent Household? <input type="checkbox"/> YES		

Is Child on Honor Roll (or academic equivalent such as merit list, etc):	<input type="checkbox"/> YES
Please List any Awards or Honors the Child Has Received at School (can be academic, arts, sports, etc):	
Does the Child Participate in an After School Program at school or through a community organization (if yes, please list organization):	

I certify that all the information in this application is true and correct. I consent to the use of photographs, letters, images and video taken of my child taken at camp for SCOPE public relations efforts. I understand that I must complete all of the paperwork requested by the camp, and a physician must complete the medical form sent by the camp about my child's health history. I understand that this summer camp opportunity is a privilege provided courtesy of SCOPE, and I will make sure that my child arrives promptly at camp on the designated start date. I understand that the application to the SCOPE program does not guarantee participation. I further understand that SCOPE is merely a funder for this project and is not liable for any issues between a camp and an enrolled child.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**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:**

In order to receive a camp scholarship from SCOPE, we ask that you make a commitment to your education and stay in school. Please read and sign the statement below:

**I recognize the importance of my education and:**

- *I will strive to do my best in school*
- *I will make the commitment to stay in school*

\_\_\_\_\_

(Camper signature)

\_\_\_\_\_

(Date)

**Please write about yourself and why you want to go to camp.**

This can include information about home, your interests, how you imagine life at camp will be or what you hope to learn at camp.

**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...**

**OR for returning campers: I want to go back to camp because...**

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First Name \_\_\_\_\_ I am \_\_\_\_\_ years old

## **REQUIRED DOCUMENTATION OF CHILD'S ELIGIBILITY**

***PLEASE NOTE: 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 **check one box** to indicate selection below and **attach a copy of the selected document**:

- Report card from 2022-2023 school year; student's name, date and grade must be visible
- 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

### **PROOF OF INCOME**

Please **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 2022-2023 school year
- Award letter from: SSI (Supplemental Security Income), Food Stamps, or Medicaid with eligibility dates
- Copy of Public Assistance Benefit Card
- Application for 2023 USDA Free or Reduced Lunch or SFSP signed by a parent/guardian and a reviewing official with eligibility determination
- Copy of 2022 Tax Return – front page only; child must be listed as a dependent

**\*\*\*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\*\*\***

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

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)