

Please answer all questions

1) Name(s) of children applying for campership:

Name _____

Birth Date: _____

School District: _____

Name _____

Birth Date: _____

School District: _____

Name _____

Birth Date: _____

School District: _____

2) Mother or Guardian Name:

Address: _____

County: _____

Contact Phone #: _____

3) Father or Guardian Name:

Address: _____

County: _____

Contact Phone #: _____

4) Number of youth (under age 18) in household: _____

Number of adults (over age 18) in household: _____

5) Is the child who is applying for a campership Medicaid eligible?

Yes _____ No _____

6) Does the child applying for a campership receive Public Assistance?

Yes _____ No _____

7) Did this child receive a campership last summer?

Yes _____ No _____

8) Please state the combined GROSS income of this family: \$ _____

Is this amount yearly, monthly, or weekly? _____

9) Please list the camp name(s) that this scholarship is for: _____

10) What is the cost for each of your children to attend this camp?

\$ _____

\$ _____

\$ _____ (add lines if necessary)

11) What portion of this cost could you provide? \$ _____

*Only **ONE** scholarship applications is necessary per family.

OVER

BELOW SPACE IS FOR OFFICE USE.

12) In the space provided, please state the circumstances that make financial aid necessary. For example, medical bills, unemployment, several children wanting to attend camp, etc. The information you provide may help us to make a decision.

Parent/Guardian Name: _____

Print: _____

Sign: _____

Date: _____

Please return completed scholarship application as well as completed camp application(s) to:

The Delaware County Youth Bureau
99 Main Street
Delhi, N.Y. 13753
Phone: (607) 832-5310
Fax: (607) 832-6033
Lara.yambor@dfa.state.ny.us



SUMMER CAMP 20_____

APPLICATION FOR SCHOLARSHIP

DELAWARE COUNTY



YOUTH BUREAU