



2026

SCOPE CAMP SCHOLARSHIP APPLICATION



Camper's First Name:		Camper's Last Name:	
Birth Date:			Gender:
Month ____	Day ____	Year: 20 ____	
School:		Grade Completed in Spring '26:	
How Did You Hear About Camp/Who Referred You to Camp (organization or individual)?			
Parent/Guardian's Full Name:		Relationship to Child:	
Street Address:		Apt./Floor:	
City:	State:	Zip:	
Email:			
Phone:		Single Parent Household? YES ☐	

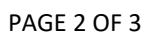
I certify that all the information in this application is true and correct. I consent to the use of photographs, letters, images and video taken of my child taken at camp for SCOPE public relations efforts. I understand that I must complete all of the paperwork requested by the camp, and a physician 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 of Parent/Guardian

Date





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REQUIRED DOCUMENTATION OF CHILD'S ELIGIBILITY

One document for proof of school and one document for proof of income is required for this application.

A letter from your child's school or referring agency (other than camp) stating that the child is enrolled in 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.

Camper's Full Name: _____

SCHOOL ENROLLMENT

Please select one circle to indicate selection below and attach a copy of the selected document:

- ☐ Report card from **2025-2026** school year; student's name, date and grade must be visible
- ☐ Letter from school verifying child's enrollment
- ☐ Letter from outside (non-camp) referring agency confirming child's enrollment in school

PROOF OF INCOME

Please select one circle 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 2025-2026 school year
- ☐ Award letter from: SSI (Supplemental Security Income), Food Stamps, or Medicaid with eligibility dates
- ☐ Copy of Public Assistance Benefit Card
- ☐ Application for 2025 USDA Free or Reduced Lunch or SFSP signed by a parent/guardian and a reviewing official with eligibility determination
- ☐ Copy of 2025 Tax Return – front page only; child must be listed as a dependent