

**APPLICATION FOR SCHOLARSHIP ASSISTANCE**

**The deadline for submitting this application is on or before MAY 15**

**Please attach a copy of your most recent income statement. An interview will be scheduled after your child is fully enrolled (\$100 deposit and completed Application) and we receive this application for partial tuition reduction. Scholarship assistance will be announced by MAY 30 At the interview we will work out a payment plan with you.**

Name of child(ren) \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Complete mailing address of Parent or Guardian \_\_\_\_\_

Zip Code \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

**Employment Information:**

**Mother/Guardian**

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_ (phone) \_\_\_\_\_

How long? \_\_\_\_\_ years Full time \_\_\_\_\_ Part time \_\_\_\_\_ Income (yearly) \_\_\_\_\_ (monthly) \_\_\_\_\_

**Father/Guardian**

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_ (phone) \_\_\_\_\_

How long? \_\_\_\_\_ years Full time \_\_\_\_\_ Part time \_\_\_\_\_ Salary (yearly) \_\_\_\_\_ (monthly) \_\_\_\_\_

**Please answer the following:**

Residing in your home: Number of adults (18 + yrs) \_\_\_\_\_ Number of children (under 18) \_\_\_\_\_ Total \_\_\_\_\_

Do you provide total financial support for all the residents in your home? Y \_\_\_ N \_\_\_ If not, explain how many people adults and children you support \_\_\_\_\_

Do you currently receive assistance from Dept. of Community & Family Services? Y \_\_\_\_\_ N \_\_\_\_\_  
If yes, what kind of assistance do you receive? \_\_\_\_\_

If eligible will you apply for DCFS childcare subsidy for camp tuition? Y \_\_\_\_\_ N \_\_\_\_\_

Do you receive Medicaid? \_\_\_\_\_

What school do your child(ren) attend? \_\_\_\_\_ School phone number \_\_\_\_\_

What is the name of the school social worker or psychologist? \_\_\_\_\_ Phone \_\_\_\_\_

Who is the family social worker (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Years your child has attended Summer Camp? \_\_\_\_\_ Did your child attend camp last year? Y \_\_\_ N \_\_\_

Did you receive scholarship assistance last year? Y \_\_\_ N \_\_\_ Amount: \_\_\_\_\_

The information I have provided above is accurate and correct. I understand that the Summer Camp at Christ Church may contact my school and/or social worker to help determine my child's eligibility for a reduced camp fee.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_