



Scholarship Assistance Application

ALL INFORMATION OBTAINED IN THIS
APPLICATION WILL REMAIN CONFIDENTIAL

A scholarship fund has been established to assist families in subsidizing camp fees. In order to qualify, complete this application and return it to Resurrection Lutheran Church's office for review and decision by the leadership team. Families must apply for scholarships annually. Forms submitted must have copy of recent tax year return and two most recent paycheck stubs attached in order to be considered. Splash Summer Day Camp does not grant scholarships greater than 50% off of total camp fees.

Amount of total scholarship funds requested \$ _____ (specify amount)

Number of weeks attending: _____

For Office Use:

Date Received: _____

Board Meeting: _____

Action Taken: _____



Scholarship

What is your household makeup? Single Parent Two Parent Other

Responsible Party's Name:

Relationship:

Occupation:

Employer:

Mailing Address:

City/ St/ Zip

Daytime Phone:

Responsible Party's Name:

Relationship:

Occupation:

Employer:

Mailing Address:

City/ St/ Zip

Daytime Phone:

Name of Camper(s):

Grade:

Grade:

Grade:

Grade:

Dependents in family other than above mentioned campers

Age:

Age:

Other adults living in child(ren)'s home:

Relationship:

Relationship:

Earned Income	
Source of Income	Gross Monthly Amount

Unearned Income		
Source of Income	Name of Person Receiving Income	Gross Monthly Amount
Child Support		
SSI/ SSDI		
Unemployment		
Insurance Benefits		
Other:		

Expenses		
Type of Expenses	Name of Person Receiving Income	Gross Monthly Amount

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Date: