

## Shorefront Y Camp Scholarship Application 2019

- 1) Complete the camper application on our website [Shorefronty.org/camp](http://Shorefronty.org/camp)
  - When asked if you are interested in applying for a scholarship select **YES**
- 2) Fill out this form and return it to Shorefront Y via email or in person
- 3) Pay a non-refundable scholarship application fee of \$20

### Attach the Following Verification Documents

- Copy of your latest 1040 Federal Tax Return
- Weekly Pay Stubs
- Evidence of Budget to Cover Family Expenses (Rent, Mortgage, Utilities, Food, Health/Medical)
- If single parent family, please provide supporting documents ( Divorce papers)
- Bank Statements (6 Months of Checking/Savings/Investments)
- Child's Birth Certificate
- Other Documents Attached: \_\_\_\_\_

\*\* If the above documents do not fully reflect your financial status, please attach any additional documents you feel necessary.

\*\* If you receive financial support on a regular basis from someone outside of your immediate family (grandparents, siblings, cousins, friends), please provide details of their support and their financial documentation separately from your own.

### Parent Information

#### Parent(s) Marital Status (Please Circle)

(if one of the parents is not allowed to pick up a child/ren please provide the camp office with the appropriate documentation)

Married                  Single                  Divorced                  Separated                  Widowed

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

### Names and Ages of Other Children and/or Dependents Living With You

\_\_\_\_\_  
\_\_\_\_\_

Have you or any members of your immediate family served in the US Armed Forces?  Yes  No

**Expenses**

Monthly Rent or Mortgage payment \$ \_\_\_\_\_

Total Utilities \$ \_\_\_\_\_

Unusual expenses if any for the last 6 months: \_\_\_\_\_

**Income**

**Current Gross Income**

**Last Year Gross Income**

Head of household \$ \_\_\_\_\_/week or month \$ \_\_\_\_\_/year

Spouse \$ \_\_\_\_\_/week or month \$ \_\_\_\_\_/year

Other \_\_\_\_\_ \$ \_\_\_\_\_/week or month \$ \_\_\_\_\_/year

Child Support \$ \_\_\_\_\_/mo Pension \$ \_\_\_\_\_/mo Alimony \$ \_\_\_\_\_/yr Interest \$ \_\_\_\_\_/yr

Additional sources of income \_\_\_\_\_

**If You Are A Recipient Of Public Assistance Please Complete The Following**

ADC Case # \_\_\_\_\_ SNAP \$ \_\_\_\_\_ Medicaid # \_\_\_\_\_

**Demographic Information**

Demographic/Religious Affiliation Questions: In order to be considered for many funding sources, the Shorefront Y must collect and maintain demographic information on the families we serve. Responding to the following is optional. If you choose to answer you will be helping us greatly to be responsive to our funders:

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Jewish Observant |
| <input type="checkbox"/> Black/African   | <input type="checkbox"/> Jewish           |
| <input type="checkbox"/> Asian           | <input type="checkbox"/> Christian        |
| <input type="checkbox"/> White-Caucasian | <input type="checkbox"/> Muslim           |
| <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____      |

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount awarded \$ \_\_\_\_\_

Approved By: \_\_\_\_\_