

Farm Day Camp Scholarship Application

Please print

Date	Amount of financial aid requested
Person completing this app	plication
Financial aid is requested	for
Address	
City	StateZip
Home or cell #	Applicant/Parent's Date of Birth
Applicant's Employer	Work #
Are you a full-time studer	nt? If yes, where?
Other parent's name	Date of Birth
Other parent's Employer_	Work number
Is other parent a full time	student? If yes, where?
List names and ages of <u>all</u> Full Name	family members in your household: Date of Birth
Are children in your house	chold on the school lunch program? Yes No
Do you have a working ca	r(s)?List year and make of <u>all</u> cars
Please circle what you are	applying for:
Pre-school camp (4&5 year old	s) Junior Camp (1 st to 3 rd grade) Discovery Camp (4 th -6 th

Income Please include income that you receive including current job, unemployment, retirement, social security, child support, alimony, etc.

Your monthly paycheck (gross) Spouse's monthly paycheck (gross) Unemployment Child Support Alimony Retirement Social Security Other Total monthly income	\$
What unusual expenses or circumstances would processing your application (such as medical bit Please include how much you are spending more expenses.	ills, elderly dependent, frozen assets)?
So that we can better serve you, what do you he Farm Day Camp experience? All of this information will be kept in the stricted qualifying your child or children for a Farm Da are limited and will be distributed among those partial or full are charged a \$20.00 fee if award.	est confidence and will be used in by Camp scholarship. Scholarship funds who qualify. All scholarships, either
I verify that all information submitted is correct	t, complete and accurate.
Applicant's signature	 Date