

APPLICATION FOR SCHOLARSHIP ASSISTANCE

The deadline for submitting this application is on or before April 1, 2023
ALL INFORMATION MUST BE FILLED IN – if not the application will not be processed.

Please attach a copy of your most recent income statement.

***An interview will be scheduled after your child is fully enrolled (\$100.00 deposit and completed Application) and we receive this application for partial tuition reduction.**

Scholarship assistance will be announced by May 1,2023.

A payment plan can be arranged.

Name of children _____ DOB _____
_____ DOB _____

Name of Parent(s) or Guardian _____

Complete Address _____

Home phone _____ Cell _____

Email address _____

Employment Information:

Mother/Guardian

Name and Address of Employer: _____

phone: _____

How long? _____ years Full time _____ Part time _____ Income _____ (yearly)

Father/Guardian

Name and Address of Employer: _____

phone) _____

How long? _____ years Full time _____ Part time _____ Income _____ (yearly)

Please answer the following:

Residing in your home: Number of adults (18 + yrs) _____

Number of children (under 18) _____

Do you provide total financial support for all the residents in your home? Y ___ N ___

How many people adults and children do you support _____

Do you currently receive assistance from Dept. of Community & Family
! Services? Y _____ N _____

If yes, what kind of assistance do you receive?

Do you receive Medicaid yes _____ no _____

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 _____

Summer Camp at Christ Church,
Christ Episcopal Church, 20 Carroll St., Poughkeepsie, NY 12601
Office Phone -452-8820 - campatchristchurch@gmail.com