

<i>For Office Use Only</i>	
Summer Camp	_____
Date Received:	_____
Time Received:	_____
Complete/Incomplete:	_____
Initials of Receiver:	_____
Approved:	Yes _____ No _____

Scholarship Application

All prospective participants with financial needs are eligible to apply for assistance. Summit Care Day Camp cannot guarantee that every request will be honored. Scholarships are based on the financial need of the family and there are a limited number available.

Scholarship Guidelines

1. Scholarships are awarded on a first complete, first served basis.
2. Scholarships cover 50% of the program fee.
3. You must meet provide documentation of financial need through one of the following ways.
 - I. Free/reduced lunch award letter for current school year listing the participant's name
 - II. Current Medicaid documents for the child(ren) in the household
 - III. Current TANF/EBT documents for the primary guardian or child
4. The scholarship application must be completed in full and appropriate documentation must be included. A complete application submission includes: application, supporting documentation, and a day camp registration. Providing false or incomplete information on the application will result in disqualification. **Incomplete submissions will not be considered.**
5. If your request is granted, you will be notified by the camp director as to the scholarship amount and remaining balance. Upon receiving this notification, you will be expected to make your initial payment immediately.
6. If you fail to make your payments on time or if you leave the program, your scholarship will be revoked.

For scholarship questions, please contact:

Jonathan Sircy@ 864-409-7827 or contact@summitcaredaycamp.com

Scholarship Application

(1.) Participant and Family Information

Parent/Legal Guardian Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Participant 1 Name: _____

Participant 2 Name: _____

Participant 3 Name: _____

(2.) Financial Information

- Will any other agency or organization be paying for part of the participant's tuition?

Yes _____ No _____ (If yes, list the amount they will pay) \$ _____

List name of agency/organization: _____

Contact Person: _____ Phone: _____

- Which form of financial assistance documentation have you attached?

_____ Notification of free/reduced lunch form from the school (individual, not entire school)

_____ Medicaid documentation

_____ TANF/EBT documentation

I have read the scholarship/financial assistance guidelines. I understand that submitting this application does not guarantee receipt of a scholarship and I verify that all information submitted is complete and accurate. If my situation changes, I agree to notify Summit Care Day Camp within 10 days. If I submit inaccurate information, or fail to notify Summit Care Day Camp of any change in my financial status, I understand that I may be terminated from receiving financial assistance. I understand that if I am missing information or have not fully completed all sections of this application, my request will not be processed. I also understand that if I fail to make my payments on time, I will lose my financial assistance.

Signature of Parent/Legal Guardian: _____ Date: _____

Please Print Name: _____