

2010 BCRD DAY CAMP SCHOLARSHIP FORM

This form is to be filled out by those individuals in need of financial assistance for summer day camp. Please complete this form in its entirety and return it to the BCRD office with your day camp registration form.

Scholarships are based on financial need. All families may not be eligible. The BCRD will require that your portion of payment is due prior to the week(s) your child is enrolled in camp.

PART I

Parent/Guardian Name _____ PH _____

Child's Name _____

Child's Name _____

Child's Name _____

Have you enrolled your child(ren) in camp before? Yes No

If yes, have you received financial assistance in the past? Yes No

Will your child(ren) be enrolled in other summer programs? Yes No

If yes, what other programs will they be attending? _____

What weeks would you like to enroll your child in this summer? (please circle all that apply)

1 2 3 4 5 6 7 8 9 10 11 12

PART II

Please answer the following question on **back of this form**:

1. Explain why you believe your child(ren) should receive a camp scholarship. Include financial, family and medical information or other facts relevant to your situation. (Information will be kept confidential).

PART III

Considering we do not offer scholarships for more than 40% of weekly camp fees, what do you think you would be able to afford to pay the BCRD for summer day camp?

Full amount of camp per week \$125.00; per month \$450.00

What do you feel you can contribute per week: _____ or per month _____

PART IV

I hereby attest that the above information is an accurate representation of my current financial situation; that I authorize the BCRD to verify the above and included information; and the BCRD has the right to reject, to limit, to restrict, to exclude or to cancel payment arrangements and/or terminate services as it deems necessary and without recourse from me.

Signed _____ Dated _____

Date application submitted _____