

Application for Camp Scholarship Fund

Year: _____

Low to moderate income families may qualify for scholarship programs. If you believe you may qualify, please state your total annual household income _____, and the number of people in your home _____. Some proof of income should be attached and return to Civitan Foundation, Inc. As part of this application the camper or caregiver is required to write a short essay on why they want to attend Camp Civitan (must be attached).

Does Camper receive any DES/DDD services? **(Circle)** Respite- Habilitation- ANC- AFC

*Please note scholarships are limited to availability and are usually not more than ½ of camper private pay fees.

Camper Name Age Phone

Camper Address

Responsible Party Phone

Address

Date of Camp Week you are interested in.

FUNDS REQUESTED: AMOUNT \$ _____

Signature of Camper Date

Signature of Responsible Party Date

OFFICE USE ONLY:
 Approved by: Amount Approved: _____

Dawn M Trapp, Executive Director Board Approval