



## 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? (please 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