

FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION FORM

You may provide additional information on the back that will assist us with our decision. Students may be eligible to receive up to **50%** of the camp fee.

School Name: _____

Dates Attending Camp U-Nah-Li-Ya: _____

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Street/P.O. Box

Apt. Number

City

State

Zip Code

1.) How many people are in your household? _____

2.) What is your average monthly income? _____

3.) Are you receiving any financial assistance from any government agency (example: welfare, food stamps, housing allowance, unemployment)? YES NO

4.) What is the amount you can contribute to the camp fee? \$ _____

5.) Please explain the factors or situation affecting your ability to pay for the camp program: _____

6.) Please list the names and addresses of two individuals who may be contacted to verify the student's needs as a scholarship recipient (minister, teacher, principal, social worker, etc.):

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THIS TO YOUR SCHOOL REPRESENTATIVE.