



Camp Kind Scholarship Application

Date of Application _____

Scholarship Application Deadline March 30 2018

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE REQUIRED ITEMS TO:

Scholarship Administrator
Camp Kind
4505 W 112th Ave
Westminster, CO 80031

Summer Camp Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, natural origin, sex or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Staff of Camp Kind and their children are not eligible for scholarship assistance.
- Scholarships may not be awarded two years in a row.
- Incomplete applications will not be reviewed.
- Scholarships will be awarded based on need and merit.

Summer Camp Scholarship Recipient Requirements:

- Submit completed application
- Submit financial documentation demonstrating need
- Submit letter of intent demonstrating desire for attending Camp Kind
- Complete and submit follow-up report (attached) and/or letter after Summer Camp

Please fill out one form per child.

Name of Child _____ Birth date _____ / _____ / _____

Mailing address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Family Email _____ Rising Grade _____

School _____

What do you hope your child will gain from this experience?

How many children currently live in the household? _____ Please list their ages: _____

REQUIRED FAMILY INFORMATION

Father's Name _____

Address (if different) _____

Place of Employment _____

Mother's Name _____

Address (if different) _____

Place of Employment _____

Name of Legal Guardian (if not living with mother/father) _____

FINANCIAL INFORMATION Eligibility for need-based scholarships is based on the following criteria and conditions, including household size* and income standards. If an applicant does not fall within these criteria but can prove other special circumstances, the scholarship committee will review and may grant a scholarship.

Total Household Size*	Yearly Income	Monthly Income
2	\$25,900	\$2,159
3	\$32,560	\$2,714
4	\$39,220	\$3,269
5	\$45,880	\$3,824
6	\$52,540	\$4,379
7	\$59,200	\$4,934
8	\$65,860	\$5,489

**Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.).*

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

- Below \$10,000 \$25,001-\$30,000 \$45,001-\$50,000 \$65,001-\$70,000
- \$10,001-\$15,000 \$30,001-\$35,000 \$50,001-\$55,000 Over \$70,000
- \$15,001- \$20,000 \$35,001-\$40,000 \$55,001-\$60,000
- \$20,001-\$25,000 \$40,001-\$45,000 \$60,001-\$65,000

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?

Are other family members currently applying for assistance? Yes No
Has anyone in your family previously received financial assistance through our scholarship fund? Yes No
If yes, when? _____ How much was received? \$ _____
Fee Amount you are requesting: \$ _____ In addition to the fee, how much can you contribute? \$ _____

If you have any additional questions, please contact the scholarship administrator at CampKindColorado@gmail.com



Post-Summer Camp Report

(Due 30 days after completion of Summer Camp)

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Name of Child _____ Birth date _____/_____/_____
Mailing address _____
City _____ State _____ ZIP _____
Phone (_____) _____
Family Email _____ Rising Grade _____
School _____

What did you learn at Camp Kind?

What was your favorite part of Camp Kind?
