

SCHOLARSHIP APPLICATION 2023

Child Name		D.O.B	_//_	Gender M/F	Grade as of SEPT '23
Desired Camp Program ((check all that apply): 8	Weeks 6 V	Veeks 4	Weeks	
Please consider my child	d for the following Camp	Scholarships (check all tha	at apply):	
-	cholarships- Tuition Reduction	-	-		
	rial Scholarships- Tuition-Fr		• .	• ,	V
	oodman Scholarship, Laurette				
income verification, progra	m choice and group availab	oility. After appli	cation packet	is submitted, far	int of \$2,000 - \$5,500 based on mily will receive a letter indicating receiving acceptance letter.
How did vou find out about o	ur Scholarship Program?				
•	. •				
Parents' Marital Status (M)	(D)(S)(W)				
Parent#1 Name/LegalGuard	lian				
P1 Address			P1Town	1	Zip
P1 Home Phone #	Cell #	P1 E-ma	il		
P1 Employer		Employer A	Address		
Employer Town	Employer Z		_ Work Phone	#	
*If Parent 2 address is the sa P2 Address		Cell, Email and E	mployer Inform P2Town	ation	Zip
Employer Town	Employer Z	<u> </u>	_ Work Phone	#	
*PLEASE ATTACH THE I	FOLLOWING DOCUMENT	ΓS:			
Copy of the first two receiving additional refund will be issued older; the child will be lift this is your child REFERENCE FORM pediatrician, etc.)	o pages of your 2022 incomfinancial support from other ind. Please note**Our policy state excluded from any optional 's FIRST summer at Rolling MS. (Reference could be write	e tax return forn ndividuals). Any fates that for those overnight or day River, you will no ten by any non-re om child's presen	alse statement families accep trip that require eed 3 WRITTE lative, eg. teac t teacher or pri	s will result in you oting a campership es an additional po N REFERENCES ther, religious com	ABOUT YOUR CHILD ON RRDC
ALL OF THE ABOVE INFOR	RMATION IS TRUE AND ACC	CURATE.			
Signature	Print Nam	e	Relations	ship to Child	Date
Please explain why you are	applying for a camp schol	arship (i.e. finand	cial or situatio	onal need) contin	ue on back: