Rolling River Day Camp

477 Ocean Avenue
Oceanside/ East Rockaway, NY 11518
516-593-CAMP (2267)
fax: 516-593-5796
camp@rollingriver.com
www.rollingriver.com

SCHOLARSHIP APPLICATION 2024

Child Name_____ **D.O.B**____/____/____ **Gender M / F Grade as of SEPT '24**_____

Desired Camp Program (check all that apply): Full Season____ 24 or 29 Flex____ Half Season ____

Please consider my child for the following Camp Scholarships (check all that apply):

_____ **Ben Appelbaum Scholarships-** Tuition Reduction for Desired Program (open to all ages)

_____ **Campmates Memorial Scholarships-** Tuition-Free Half Season 2, Priority to Nursery-2nd grade

Isabelle "Nanny" Goodman Scholarship, Laurette "Nanette" Uziel Scholarship, Marjorie Sherer Scholarship, JAJ Scholarship

*NOTE FOR BEN APPELBAUM SCHOLARSHIP- Family will be responsible for minimum tuition amount of $2,000 - $5,500 based on income verification, program choice and group availability. After application packet is submitted, family will receive a letter indicating the options and corresponding scholarship amounts. Family may accept or deny scholarship after receiving acceptance letter.

How did you find out about our Scholarship Program? _____

Camp program attended in 2023_____ School attended in 2023– 24_____

Parents' Marital Status (M)_____(D)_____(S)_____(W)_____

Parent#1 Name/LegalGuardian_____

P1 Address_____P1Town_____Zip_____

P1 Home Phone #_____Cell #_____P1 E-mail_____

P1 Employer_____Employer Address_____

Employer Town_____Employer Zip_____ Work Phone #_____

Parent#2 Name/LegalGuardian_____

If Parent 2 address is the same as above, only complete Cell, Email and Employer Information

P2 Address_____P2Town_____Zip_____

P2 Home Phone #_____Cell #_____P2 E-mail_____

P2 Employer_____Employer Address_____

Employer Town_____Employer Zip_____ Work Phone #_____

*PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Copy of the **first two pages of your 2023 income tax return form #1040** and any other pertinent information regarding income (i.e. if receiving additional financial support from other individuals). Any false statements will result in your child's dismissal from camp and no refund will be issued. Please note****Our policy states that for those families accepting a campership at a reduced rate for a 3rd grader or older; the child will be excluded from any optional overnight or day trip that requires an additional payment.
- **If this is your child's FIRST summer at Rolling River**, you will need **3 WRITTEN REFERENCES** ABOUT YOUR CHILD ON RRDC REFERENCE FORMS. (Reference could be written by any non-relative, eg. teacher, religious community or athletic leader, pediatrician, etc.) Note: one reference must be from child's present teacher or principal of school. Please feel free to attach any additional information you believe will be helpful in reaching a decision.

ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE.

_____   _____   _____   _____
Signature   Print Name   Relationship to Child   Date

Please explain why you are applying for a camp scholarship (i.e. financial or situational need) *continue on back***:**

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