

ST. LOUIS YOUTH CAMPS -- CAMP WELOKI --CONFIDENTIAL SCHOLARSHIP

ASSISTANCE APPLICATION

Please include a copy of your most recent federal income tax filing (**front page only**).

CAMPER'S NAME(S) _____ AGE _____

PARENT/GUARDIAN _____ MARITAL STATUS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS: (PRINT CLEARLY) _____

PHONE # HOME _____ CELL# _____

WHO REFERRED YOU TO THIS ORGANIZATION? _____

CAMP SESSION PREFERENCE (PLEASE NUMBER 1ST, 2ND, AND 3RD CHOICES) :

SESSION 1(JUNE 11-17): _____ SESSION 2(JULY 2-8): _____ SESSION 3 (JULY 16-22): _____

WHAT DO YOU WANT YOUR CHILD TO GAIN, EXPERIENCE OR LEARN FROM CAMP?

HOW WILL SCHOLARSHIP ASSISTANCE BENEFIT YOUR FAMILY? (USE A SEPARATE SHEET OF PAPER IF NECESSARY)

IT IS HELPFUL TO ASK FOR A REASONABLE AMOUNT OF ASSISTANCE – OUR GOAL IS TO HELP AS MANY FAMILIES AS POSSIBLE-

FULL SCHOLARSHIPS ARE NOT PROVIDED

PLEASE INDICATE DOLLAR AMOUNT OR PERCENTAGE OF TUITION THAT YOU ARE ASKING FOR: \$ _____ OR _____ %

EMPLOYMENT INFORMATION:

ARE YOU UNEMPLOYED? _____ IF SO, DO YOU RECEIVE UNEMPLOYMENT? _____

PLACE OF EMPLOYMENT _____ POSITION _____

PHONE # _____ ADDRESS _____

NUMBER OF CHILDREN YOU SUPPORT IN YOUR HOUSEHOLD? _____ ARE YOU DEPENDENT ON ANOTHER PERSON FOR SUPPORT? _____

MONTHLY EXPENSES

RENT/MORTGAGE _____

AUTO PMT _____

EDUCATION LOAN PMT _____

MEDICAL INS. _____

AUTO INS _____

LIVING EXPENSES _____

OTHER _____

TOTAL EXPENSES _____

MONTHLY INCOME

SALARY INCL. BONUS/COMMISS. _____

CHILD SUPPORT/MAINT. _____

OTHER SOURCES OF INCOME _____

GOVT. ASSISTANCE _____

UNEMPLOYMENT _____

SPOUSE SALARY _____

TOTAL INCOME _____

THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I HAVE READ AND UNDERSTAND THE SCHOLARSHIP APPLICATION PROCESS: **SIGNATURE OF PARENT/GUARDIAN:** _____ **DATE** _____