



Child's Name _____ Parent Name _____

Camp Scholarship Application Form

So you want to go to camp! We want you to come to camp! Together we can make this happen!

Completing this form is your first step toward ensuring that your child will participate in **Truly Living Well Summer Camp**. This form is designed to help determine how much assistance you need in order to attend. Because we are a non-profit, 501(c)3 organization, we have a very limited amount of scholarships and would appreciate as many students paying the full price as possible. **All scholarships are partial.**

Ours is an unusual camp because of our commitment to provide children with an experience that includes a thorough introduction to organic gardening and sustainable agriculture through hands-on activities, games, storytelling, art and more. In addition, our experienced and nurturing staff is carefully selected.

We encourage all families to raise as much of your camp fees as you can. We know this may seem difficult, but please consider some of the following ways you might be able to generate funds for your child and note how much you can reasonably anticipate. Some categories may not be applicable.

Personal savings and earnings to be applied toward camp \$ _____

Church family \$ _____

Civic organizations or clubs \$ _____

Grandparents \$ _____

Friends \$ _____

Your own fundraising campaign (bake and sell cookies, lemonade stand, neighborhood car wash, etc.) \$ _____

Total projected contribution: Portion of camp fee (\$375): \$ _____

Anticipated Balance (scholarship request) \$ _____

Family Information (Please fill out a new form for every child you wish to attend camp.)

Child's Name _____ Grade _____ Age _____

Mother's Name _____ Phone _____ E-mail _____

Father's Name _____ Phone _____ Email _____

Child's Home Address _____ City _____

State _____ Zip _____ With whom does child reside? _____

If child resides with one parent, does the non-custodial parent support the applicant financially? Please elaborate.

If so, please state monthly amount: _____ If inconsistent, please approximate: _____

Employer information

Mother's employer (please print) _____

Father's employer (please print) _____

Scholarships will be awarded on the basis of:

- Financial Need
- One letter of recommendation from a teacher or non-familial adult

While financial need will not be the sole determining factor, it is the goal of the committee to award scholarships to those students who may not otherwise have the opportunity to attend Truly Living Well Summer Camp. I certify that our household income for 2016 was:

- | | | |
|--|--|--|
| <input type="checkbox"/> below \$11,880 | <input type="checkbox"/> \$11,880 – \$16,020 | <input type="checkbox"/> \$16,021 – \$20,160 |
| <input type="checkbox"/> \$16,021 – \$24,300 | <input type="checkbox"/> \$24,301 – \$28,440 | <input type="checkbox"/> \$28,441 – \$32,580 |
| <input type="checkbox"/> \$32,581 – \$36,730 | <input type="checkbox"/> \$36,731 – \$52,175 | <input type="checkbox"/> above \$53,000 |

Number of people living in the household, supported by this income:

- 1 2 3 4 5 6 7 8

Proof of income, either last year’s W-2 or your two most recent check stubs, **MUST** accompany submission of this application. Scholarship application is not complete without proof of income and failure to provide may result in delayed decision from organization or disqual from application process.

Please describe any circumstances that might affect your family’s ability to afford the camp this year.

Submit Completed Applications to:

Scholarship Committee, TLW Summer Camp
 In person at: 3353 Washington Rd. East Point GA 30344
 Mail to: P.O. Box 90841 East Point, GA 30364
 Fax to: 678.973.2671
 Email to: camp@trulylivingwell.com

All materials must be received by May 15th.

I agree that I have read the scholarship conditions. To the best of my knowledge, the enclosed information is correct.

Parent/Guardian Name /Signature: _____ Date: _____