

Camp Extreme Scholarship Application 2017

Tuition for Camp Extreme 2017 is \$5,000.

Scholarships are provided on a first come first served basis until scholarship funds are depleted.

Many worthy participants request scholarships to Project Extreme programs. While Project Extreme would love to give scholarships to all participants, financial realities require that they be allocated to:

- Families showing demonstrated financial need
- Participants who have made a program commitment to Project Extreme

A 10% reduction (\$500) can be earned by completing and submitting all paperwork by April 15, 2017 with a nonrefundable deposit of \$1,000.

A 5% reduction (\$250) can be earned by completing and submitting all paperwork by May 15, 2017 with a nonrefundable deposit of \$1,500.

For those applicants who do not receive a scholarship or partial scholarship, a payment plan may be extended to qualified applicants. Inquiries as to payment plan options may be made upon determination of scholarship eligibility.

Scholarships are administered on a rolling basis, which means the first completed applications will be considered first. To be considered for a scholarship the application must be completed in full - NO EXCEPTIONS WILL BE MADE.

Scholarship Checklist

- Scholarship application
- Signed copies of parent's/guardian's most recently filed federal tax returns (1040) and W2 forms.
- Statement detailing any special circumstances that impact your financial situation but may not be obvious or indicated in tax returns
- Camp Extreme application and supporting materials

Camp Extreme Scholarship Application 2017

Applicant Information

Applicant Name: _____

Applicant Address: _____

Applicant Phone/Email: _____

Has applicant attended Camp Extreme before? Y N If yes, what year(s)? _____

Has applicant previously received assistance from Camp Extreme? Y N

If yes, how much was paid in full per summer session attended?

Summer Attended _____ Amount Paid in Full _____

Summer Attended _____ Amount Paid in Full _____

Summer Attended _____ Amount Paid in Full _____

Summer Attended _____ Amount Paid in Full _____

Parent/ Guardian Information

Please fill in as much information as possible, and where indicated, include explanations. We cannot consider applications with incomplete or unexplained items. Return this form promptly with a copy of your most recent federal (1040) income tax return and all schedules, including W2 forms. Please include details of any recent changes in your financial situation.

Check every box that applies to the applicant's family situation:

Parents married Father deceased Parent's separated

Single-parent home Mother deceased Parent's divorced

Other _____

Parent/Guardian #1:

Name: _____

Address: _____

Camp Extreme Scholarship Application 2017

Parent/Guardian #2:

Name: _____

Address: _____

Dependents

Total # of children at home _____

List all dependent individuals in your household by the parent(s)/guardian(s). List yourself first.

Name	Relationship	Age	Grade Level	Tuition or other Unusual Expenses
------	--------------	-----	-------------	-----------------------------------

Name	Relationship	Age	Grade Level	Tuition or other Unusual Expenses
------	--------------	-----	-------------	-----------------------------------

Name	Relationship	Age	Grade Level	Tuition or other Unusual Expenses
------	--------------	-----	-------------	-----------------------------------

Name	Relationship	Age	Grade Level	Tuition or other Unusual Expenses
------	--------------	-----	-------------	-----------------------------------

Name	Relationship	Age	Grade Level	Tuition or other Unusual Expenses
------	--------------	-----	-------------	-----------------------------------

Name	Relationship	Age	Grade Level	Tuition or other Unusual Expenses
------	--------------	-----	-------------	-----------------------------------

Income

List all sources of income for 2017, and projected income, including salary and wages, child support, social security and other benefits.

Income Source	2017	Estimated 2018
---------------	------	----------------

Income Source	2017	Estimated 2018
---------------	------	----------------

Income Source	2017	Estimated 2018
---------------	------	----------------

Camp Extreme Scholarship Application 2017

Have you taken a vacation during the past 12 months? Y N

Location: _____ Length of Time: _____ Cost: _____

Are you presently?

Receiving Child tax credit (family allowance)? Y N If yes, \$_____/month?

Receiving Social Assistance? Y N If yes, \$_____/month?

Case Worker's Name _____ Phone _____

Receiving EI? Y N If yes, \$_____/month?

Receiving Child Maintenance? Y N If yes, \$_____/month?

How much tuition are you requesting to pay in full?

\$4000 \$3000 \$2000 Other: _____

Statement of Need

Explain below any special circumstances that impact your financial situation but may not be obvious on tax returns. You may attach a separate sheet if necessary.

Do you have any skills that you feel you could contribute to Project Extreme in lieu of payment and in support of any scholarship you may receive?

Camp Extreme Scholarship Application 2017

Parent/Guardian Signature Your signature below indicates that the information provided is, to the best of your knowledge, complete and accurate.

Parent/Guardian Signature

Date