

EPISCOPAL CHARITIES **SCHOLARSHIP APPLICATION**

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I. SCHOLARSHIP PURPOSE

The mission of Camp DeWolfe is to develop, encourage, and support spiritual formation in the Episcopal Diocese of Long Island by providing a natural setting for youth to engage in community and be empowered to live an outward and visible expression of the love and grace of Christ.

The *Episcopal Charities Scholarship Fund* was established to help carry out this mission. It is funded by many generous donors to provide families in need with the financial means necessary to send their children to camp.

These guidelines apply to all applicants from both Episcopal and Non-Episcopal backgrounds.

II. SCHOLARSHIP QUALIFICATIONS (*Who can apply?*)

Scholarships are available to campers from Episcopal or Non-Episcopal backgrounds with Families who have single-parent homes, families involved in full-time ministry, families dealing with unexpected financial burdens due to medical reasons or job loss, or families with less than \$50,000 in annual household income.

III. SCHOLARSHIP DESCRIPTION (*What does this scholarship cover?*)

Scholarships are available to campers for up to 50% of the total cost of camp (after any discounts are applied) for either up to two overnight summer camp sessions or any number of day camp sessions.

IV. CAMPER FINANCIAL RESPONSIBILITY (*How much will I have to pay?*)

All campers must have financial support for at least half (50%) the total cost (after any discounts are applied). The *Camper Financial Responsibility* may be shared by family or personal resources and the camper's sponsoring church.

No monies will be provided directly to families; instead, once the *Camper Financial Responsibility* has been paid in full by June 1st, the scholarship award will be applied to the camper's account. If not paid in full, the scholarship will be forfeited and then awarded to another camper.

V. SCHOLARSHIP APPLICATION PROCESS (*How can I apply and where do I send my Scholarship Application?*)

In order to be considered for a scholarship, a camper must first be fully registered for summer camp programs as defined in *Section IV* and the completed Scholarship Application sent to Camp DeWolfe. Completed Scholarship Applications must be mailed, emailed, or faxed to **Camp DeWolfe, 408 North Side Road, Wading River, NY 11792**.

A completed scholarship application is defined as Camp DeWolfe receiving all of the following:

- 1) **A fully completed Scholarship Application Form** (including all pages, Proof of Income, Church Sponsorship (*Page 5*), and signatures).
 - a) Scholarship application forms are available on the camp website www.campdewolfe.org or can be requested from the camp office starting September 1st. Please call 631-929-4325 for an application to be mailed to you.
- 2) **Fully completed Camper Registration Packet** (please see the *Registration Checklist* for all summer camp forms required).
- 3) **Payment** of either a \$100 *non-refundable deposit* or *no less than 50% of the balance paid* per child per session. Payment may be made online, by phone, or via check. Checks should be made out to Camp DeWolfe.

VI. SCHOLARSHIP APPLICATION DEADLINES (*When does everything need to be submitted to Camp DeWolfe?*)

Completed Scholarship Applications may be submitted as early as September 1st but not after June 1st.

Since scholarships are awarded on a first-come, first-served basis, the amount of scholarship award is dependent upon availability of funding and the calendar date when a completed Scholarship Application is received at Camp DeWolfe. Once the Scholarship Fund has been exhausted, no more scholarship awards will be made. Only complete Scholarship Applications will be considered.

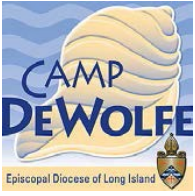
Incomplete applications will be held and only considered complete when the missing information has been received. Without exception, the date the missing information is received becomes the **application submission date** (as defined below).

- 1) Completed applications received between **September 1st and May 1st** will be considered **for up to 50%** of the total cost of camp.
- 2) Completed applications received between **May 2nd and June 1st** will be considered **for up to 25%** of the total cost of camp.

VII. SCHOLARSHIP DECISION PROCESS (*When will I be notified about the scholarship award?*)

Completed Scholarship applications are evaluated on a rolling basis as they are received and then awarded on a first-come, first served basis. Receipt of a completed application does not guarantee Scholarship award.

- 1) Once a completed Scholarship Application (*as defined in Section VI*) is received at Camp DeWolfe, the application will be reviewed and a decision for award will be made within two weeks of receipt.
- 2) Recipients of scholarships will be notified. Within one week after receiving notification of scholarship award, recipients must inform the Camp Office of their intent to utilize the award, otherwise, the award will be offered to another camper.
- 3) Once the Recipient confirms their intent to use the scholarship, the *Camper Financial Responsibility* must be paid in full by June 1st or the scholarship will be forfeited and then awarded to another camper.



EPISCOPAL CHARITIES SCHOLARSHIP APPLICATION

SECTION 1: CAMPER AND FAMILY INFORMATION

Camper Name: _____ SEX: M F Date of Birth: _____ Age: _____

PARENT / GUARDIAN NAME	Relationship to Camper	Phone Numbers		
		Home	Cell	Other
Address: _____		City: _____		State _____
				Zip/Post Code _____

SECTION 2: CHURCH AFFILIATION

This Scholarship is open to all applicants from both Episcopal and Non-Episcopal backgrounds. Many parishes may be able to help cover part of the *Camper Financial Responsibility*. In cases where an Applicant is not yet a member of any church, we encourage you to visit your local parish for support. Please speak with your Clergy Person regarding any financial contribution they might be able to provide before submitting this Scholarship Application.

PAGE 5 is required for any Applicant who will have sponsorship from their local parish. Provide Page 5 to your clergy person to complete and then return with the Scholarship Application.

This Camper is a member the following Episcopal Church in the Diocese of Long Island.

This Camper is a member of another Church. Please list Church attended.

This Camper is NOT a member of any Church. Please list the name and address of the Episcopal Parish closest to your home.

Church/Parish Name: _____			
Street Address: _____		City: _____	
State: _____	Zip: _____	Phone _____	

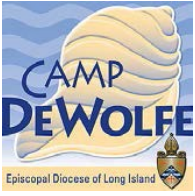
SECTION 3: HOUSEHOLD & ANNUAL INCOME INFORMATION

Please list the name of everyone who resides in the Camper's household along with their age, relationship to the Camper, and any annual income they provide. Please attach additional pages if necessary.

Name	Relationship to Camper	Age	Annual Gross Income from Employment	Annual Gross Income from Other Sources <small>(child support, disability, unemployment, DCF, State/Public Assistance)</small>	Total
TOTAL INCOME FROM ALL SOURCES					

SECTION 4: EXPENSE STATEMENT *(use back of page if necessary)*

Other than expenses for basic necessities (rent or mortgage, food, clothing, utilities), please list other financial obligations you would like us to know about (such as medical or dental bills, health or child care premiums, education costs, other debts or loans).



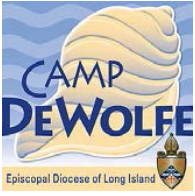
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SECTION 5: PARENT STATEMENTS *(use back of page if necessary)*

1) *Please explain your reasons for requesting financial assistance.*

2) *Briefly explain why you would like your child to attend camp this summer.*



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SECTION 6: PROOF OF INCOME

Proof of Income for any source of income listed in **SECTION 3** must be submitted with this Scholarship Application. If no proof of income is received, the Scholarship application will not be processed. The following may be accepted as proof of income.

Check all documents being submitted with this Application:

FEDERAL TAX RETURN: Most recent copy of your most recent **signed** Federal Tax Return (Camper's name must appear as dependent). If the Applicant's parent or guardian has not filed a tax return in the past year, provide a copy of all **W-2** forms along with copies of **pay stubs** for the prior six (6) months.

PROOF OF PUBLIC ASSISTANCE: Award letter or Statement outlining any income from disability, unemployment, DCF, or any other State/Federal Public Assistance received.

CHILD SUPPORT: Copy of signed agreement stating terms, amount, and frequency of payment.

OTHER (Optional): Please specify: _____

SECTION 7: SCHOLARSHIP REQUEST

I am requesting Scholarship consideration for the following summer camp sessions. Please view the current **Summer Camp Brochure** for dates and rates:

<u>COLUMN A</u> SESSION NAME / YEAR	<u>COLUMN B</u> SESSION DATES	<u>COLUMN C</u> <u>COST</u>
TOTAL COST		

- | | |
|--|---|
| 1. Total Column C above | SUMMER CAMP TUITION TOTAL COST \$ _____ |
| 2. Divide Line 1 by 50% (Scholarship request may not exceed this amount)) | \$ _____ |
| 3. List amount Camper Family will provide | \$ _____ |
| 4. List amount Church will provide from Page 5 | \$ _____ |
| 5. Add Line 3 + Line 4 | TOTAL CAMPER RESPONSIBLE TO PAY \$ _____ |
| 6. Amount requested from Episcopal Charities Subtract Line 5 from Line 1 | SCHOLARSHIP REQUEST¹ \$ _____ |

¹ **Line 6** may not be more than the amount listed on **Line 2**.

SECTION 8: CAMPER INFORMATION CERTIFICATION

I certify the information provided on this application is complete and true to the best of my knowledge and may be verified and that any deliberate falsification will result in the termination of this Scholarship request. **All statements must be checked for submission:**

I understand that *incomplete* applications will NOT be considered for financial assistance.

I have attached **Proof of Income** as described in **SECTION 6**.

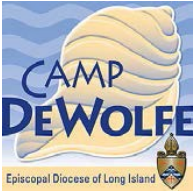
I agree that it is MY RESPONSIBILITY to ensure the *Camper Financial Responsibility* is paid in full by June 1st or I may forfeit any Scholarship award.

I agree that if either this Scholarship Application is denied or I cancel summer camp registration, all funds paid less a \$100 non-refundable registration deposit will be returned and that absolutely no refunds of any kind will be issued after May 1st.

PARENT/GUARDIAN PRINTED NAME

SIGNATURE

DATE



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PARENT / GUARDIAN: PLEASE COMPLETE THE CAMPER INFORMATION BELOW AND GIVE THIS PAGE TO YOUR CLERGY PERSON TO COMPLETE AND RETURN TO YOU. THIS FORM MUST RETURNED WITH THE SCHOLARSHIP APPLICATION.

Camper Name: _____ Date of Birth: _____ Age: _____

PARENT / GUARDIAN NAME	Relationship to Camper	Phone Numbers		
		Home	Cell	Other
Address: _____		City: _____	State _____	Zip/Post Code _____

SECTION 9: CAMPER PARISH INFORMATION

CLERGY PERSON: The Camper above is applying for an Episcopal Charities Scholarship Summer Camp Scholarship. Please complete the requested information below and return this form to the Camper's Family. Please use the back of this form or attach additional pages if needed.

Church/Parish/Organization Name: _____			
Street Address: _____		City: _____	
State: _____	Zip: _____	Phone _____	

- 1) Please describe the applicant's participation in church organizations (e.g. acolyte, choir, youth group).

- 2) Please assess the applicant's readiness and suitability for the camp program. How will he/she benefit from the experience?

- 3) The following is my assessment of this applicant's financial needs and the specific reason for this child's Episcopal Charities Scholarship Request. (Please indicate any special needs this child may have as well.)

SECTION 10: PARISH CONTRIBUTION

In order to allow the broadest use of the limited scholarship funding available, we depend upon the clergy to act judiciously in recommending applicants for scholarships.

To allow scholarships to be granted to as many children as possible, my church will contribute \$ _____ toward this camper's summer camp tuition before June 1st. Note: If payment is not received by this date, the child's space is forfeited.

CLERGY PRINTED NAME

SIGNATURE

DATE

Clergy Name: _____	Title: _____
Email: _____	Clergy Phone/Ext _____