

CAMP DEWOLFE

2014 EPISCOPAL CHARITIES SCHOLARSHIP APPLICATION

Scholarships are awarded to youth from Episcopal churches who could not otherwise attend camp and will be awarded on the basis of need. To apply, parent(s)/guardian/foster parent(s) should complete the following form and return it to: **Camp DeWolfe, PO Box 487, Wading River, NY 11792** with a **signed copy of your 2011 Federal Tax Return or proof of Financial Assistance before May 1st**. You will be notified by mail regarding your confidential application for assistance no later than May 1st.

PLEASE NOTE:

- ❖ To apply for a scholarship, the \$100 deposit must have been paid **and** the parent/guardian must have already paid for at least 50% of the camp fee.
- ❖ Camp DeWolfe offers financial aid of **up to 50%** of the camp session fee.
- ❖ Scholarships will be considered for a maximum of 2 sessions only.
- ❖ Camp DeWolfe does **not** award 100% financial aid.

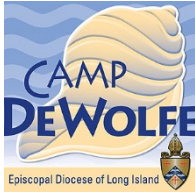
GENERAL INFORMATION:

Camper's Name _____ Age ____ Male ____ Female ____
Parent(s)/Guardian/Foster Parent Name (Circle one): _____
Full Address _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
With whom is camper living? (Check one)
 Both Parents
 Mother
 Father
 Guardian
 Foster Parent

ANNUAL HOUSEHOLD INCOME INFORMATION: (Complete All That Apply)

- ❖ Employment (Gross Family Income): \$_____ yearly
- ❖ Other Income (child support, disability, unemployment, DCF, State/Public Assistance) \$_____ week/month/yearly (Circle One)
- ❖ Number of children supported by Parent(s)/Guardian/Foster Parent ____ Ages ____
- ❖ other dependents living with the family? Yes ____ No ____ Ages/relationships ____
- ❖ Unusual financial obligations (e.g. medical and dental bills, education)

**** PLEASE ATTACH A COPY OF YOUR SIGNED 2011 FEDERAL TAX RETURN/PROOF OF PUBLIC ASSISTANCE OR YOUR REQUEST WILL NOT BE PROCESSED. ****



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CHURCH AFFILIATION:

Please check one:

My child is a member of an Episcopal Church in the Diocese of Long Island.
Please complete the form and return the form to your Clergy person.

My child is **NOT** a member of an Episcopal Church in the Diocese of Long Island.
Unfortunately we can only offer scholarships to episcopal youth at this time.

SCHOLARSHIP REQUEST:

I am requesting the following session dates for my child:

- | | | | |
|-------------------|---------------------------------|--------|-------|
| • July 6 - 11 | (EXP Camp Ages 7-11 -6 days) | \$595 | _____ |
| • July 13- 25 | (DIS Camp ages 8-12 – 12 days) | \$1190 | _____ |
| • July 27 – Aug 8 | (Ad Camp Ages 12-14 – 12 days) | \$1190 | _____ |
| • July 6 – Aug 8 | (LIT Camp Ages 15-17 – 5 weeks) | \$1500 | _____ |

A. CAMPER SUPPORT (A minimum of 50% camp fees):

1. Amount I am able to provide: _____
2. Amount my church is able to provide: _____
3. Total Camper Support = Line 1 + Line 2
(Equal to 50% or more of the total camp fee) _____

B. SCHOLARSHIP REQUEST (No more than 50% camp fees):

4. Amount requested from Episcopal Charities: _____

C. TOTAL = Line 3 + Line 4 (Enrollment fee is \$595 per week): _____

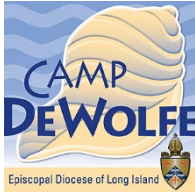
PARENT'S STATEMENT:

1) Please explain your reasons for requesting financial assistance.

2) Please explain briefly why you would like your child to attend camp this summer.

Signature of Parent or Guardian

Date



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PARISH INFORMATION:

(To be completed by your Clergy Person and mailed to Camp DeWolfe)

Name _____ Title _____

Parish _____ Phone _____

Parish Address _____ Email _____

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 Request. (Please indicate any special needs this child may have as well.)

To allow scholarships to be granted to as many children as possible, my church will contribute \$ _____ toward this child's camp fee **before May 1st 2014**. (If payment is not received by this date, the child's space is forfeited.)
Please note that 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.

Signature of Clergy Person

Date

APPLICATION POLICIES: Completed application packets will be accepted as early as September 1st 2013, and no later than May 1st 2014. Only fully completed application packets will be considered. Completed packets consist of the following: a) Completed Registration Form; b) Camper Health History Form and Authorization for Medication Form and c) Payment in full for half of the cost of each session; checks payable to "Camp DeWolfe".

Thank you for your participation and support!

For further information, please contact: Camp DeWolfe, PO Box 487, Wading River, NY 11792, 631 929-4325.