

EPISCOPAL MINISTRIES FAMILY SCHOLARSHIP PROGRAM OVERVIEW & INSTRUCTIONS

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Scholarship Application 2021-1

Camp DeWolfe Mission

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 all people to engage in community and be empowered to live an outward and visible expression of the love and grace of Christ.

What does the Scholarship cover and what will I have to pay?

Scholarships are available through the Episcopal Ministries Scholarship Fund, Camp DeWolfe awards scholarships of **up to 75%** of total program fees. Families are responsible to pay the remaining balance.

No monies will be provided directly to families; instead, once the family financial responsibility has been paid in full, the scholarship award amount will be applied based upon date of receipt. If not paid in full, the scholarship will be forfeited and then awarded to another family.

Who can apply?

The Episcopal Ministries Scholarship Fund program was established so Camp DeWolfe may fulfill its mission to make camp available to **all families** regardless of their social, cultural, religious, and economic backgrounds. It is funded by many generous donors to provide families in need with the financial means necessary to send their children to camp.

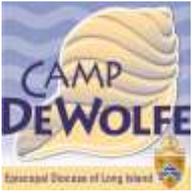
Camp DeWolfe prohibits discrimination against its applicants based on race, color, national origin, age, disability, sex, gender identity, and religion.

Eligibility – What requirements do I have to meet?

Aside from income, we look at the number of children in the household and extenuating factors such as family circumstances (family member illness, job loss, family members in college, and so on).

Scholarships are based on space availability and completion of documentation as well as availability of funds for the program.

No other discounts or promotions may be used with scholarships.



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Income eligibility guidelines

Camp DeWolfe strives to be generous and make camp attainable for all families, regardless of ability to pay. In general, consideration will be given to any family that expresses need.

We adhere to American Camp Association (ACA) guidelines which are used as part of the criteria in determining how much should be allocated to a specific family.

	Completed Scholarship Application Received:	
	On or before May 1st	After May 1
Household Size 2 – 4		
< \$40K gross annual income	75% scholarship	<i>Partial 37.5% scholarship</i>
< \$80K gross annual income	50% scholarship	<i>Partial 25% scholarship</i>
< \$100K gross annual income	35% scholarship	<i>Partial 17.5% scholarship</i>
Household Size 5 or more		
< \$65K gross annual income	75% scholarship	<i>Partial 37.5% scholarship</i>
< \$100K gross annual income	50% scholarship	<i>Partial 25% scholarship</i>
< \$125K gross annual income	35% scholarship	<i>Partial 17.5% scholarship</i>

How can I apply?

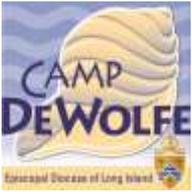
1. Register for Camp with Deposit

- To be considered for a scholarship, a family must first be registered for camp program.
- A 25% non-refundable registration deposit per family is due at the time of application. Registration may be completed online or over the phone. Payment may be made online, by phone, or via check. Checks should be made out to Camp DeWolfe.
- The deposit is subtracted from any balance due. Payment of the family balance, or tuition, is due two (2) weeks prior to the anticipated arrival date.

2. Submit completed scholarship application one (1) month prior to your arrival date.

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

- a) A fully completed scholarship application including: *All completed pages, Proof of Income, Church Sponsorship, and Signatures.*
- b) Scholarship Application Church Sponsorship. To assist your application, we encourage families to request sponsorship from your local church/ parish. Please allow clergy enough time to complete their part of the application. They will then return the form to the family who must submit it with the entire the Scholarship Application.



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Application Submission Methods: Completed scholarship applications may be scanned and emailed to Camp DeWolfe (office@campdewolfe.org), faxed to 631-929-6553, or mailed to Camp DeWolfe: 408 North Side Road, Wading River, NY 11792.

Scholarship application forms are available on the camp website www.campdewolfe.org or may be requested to be sent via mail from the camp office starting September 1st. Please call 631-929-4325 for an application to be mailed to you.

How much will I have to pay?

Scholarships are granted for up to 75% of the total cost of camp program fees.

ALL payments are due in full, no later than two (2) weeks prior to the anticipated date of arrival. A \$100 Late Fee will be applied thereafter.

Is there a deadline to submit scholarships?

Completed scholarship applications must be received one (1) month prior to the anticipated arrival date.

- Completed scholarship applications received before **May 1st** will be considered and awarded for up to 75% of the current rate period.
- Completed scholarship applications received after **May 1st** will be considered and awarded at a half the total possible scholarship (up to 37.5%).

Scholarship applications that are incomplete (missing forms or any other information) will not be evaluated until all missing pages or information is received. The submission date is defined as the date ALL required information and forms are received at the Camp Office.

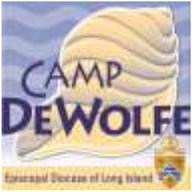
How will I be notified about the scholarship decision?

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.

Once a completed scholarship application is received by Camp DeWolfe, the application will be reviewed, and an award decision made within one week of receipt. Recipients of scholarships will be notified.

Within one week after receiving notification, recipients must inform the Camp Office of their intent to utilize the award, otherwise, the award will be offered to another family.

ALL payments are due in full, no later than two (2) weeks prior to the date of arrival. A \$100 Late Fee will be applied thereafter.



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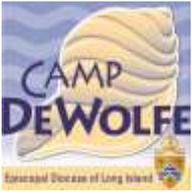
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Family Payment Information

Scholarship & Rate Increases: Once awarded, a scholarship amount cannot increase, and the camper family is responsible to pay any rate increase(s) or late fees.

Final Balance & Late Fee: ALL payments are due in full, no later than two (2) weeks prior to the date of arrival. A \$100 Late Fee will be applied thereafter.

Cancelations: Families who cancel at least sixty (60) days before check-in will get back 100% of the amount they have paid. If they cancel after that point, they will not get a refund.



EPISCOPAL MINISTRIES FAMILY SCHOLARSHIP APPLICATION

SECTION 1 FAMILY INFORMATION (Family to complete)

First Name	Middle Initial	Age	Date of Birth
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Last Name	Email	Home Phone	Cell Phone
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Address	City	State	Zip/Post Code
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SECTION 2 HOUSEHOLD AND INCOME INFORMATION

Please list the name of everyone who resides in the family's household along with their age, annual income they provide, and if they will be attending a Camp DeWolfe Family Camp program. Please attach additional pages if necessary.

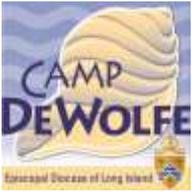
Household Member Name	Attending Family Camp Program? (Y/N)	Age	Annual Gross Income-Employment	Annual Gross Income-Other Sources	Total
TOTAL OF ALL INCOME					

SECTION 3 PROOF OF INCOME (Family to complete)

Proof of Income for any source of income listed in SECTION 2 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 *signed* Federal Tax Return (Family member names must appear as dependent(s)). If the family 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:



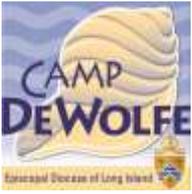
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SECTION 4 PARENT STATEMENTS (Family to complete – use back of page if needed)

a. Briefly explain why your family would like to attend a Family Camp program?

b. Please explain your reasons for requesting financial assistance. Include any family circumstances (divorce, job loss, death in family, etc.) or financial obligations you would like us to know about (such as medical or dental bills, health or childcare premiums, education costs, other debts, or loans).



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SECTION 5 FAMILY CHURCH AFFILIATION (Family to complete)

Churches may be able to help cover part of the Family Financial Responsibility. Families should speak with their Clergy Person regarding any financial contribution they might be able to provide before submitting this Scholarship Application.

FAMILY: Please complete Section 5 and give this page to your clergy person to complete and return. **This form is not required but recommended to be returned with the scholarship application.**

First Name	Last Name	Email	Phone
Address:		City:	State Zip/Post Code

- This family is a member the following Episcopal Church in the Diocese of Long Island. Enter Church information and present this page to your clergy to complete.
- This family is a member of another Church. Please list Church attended. Enter Church information and present this page to your clergy to complete.
- This family is NOT a member of any Church. Please list the name and address of the Episcopal Parish closest to your home. In cases where an Applicant is not yet a member of any church, we encourage you to visit your local parish for support. If this option is checked, proceed to Section 8.*

Church / Parish Name	Phone		
Address:	City:	State	Zip/Post Code

SECTION 6 CHURCH EVALUATION & RECOMMENDATION (Clergy to complete)

Clergy, the family above is applying for an Episcopal Ministries Family Camp Scholarship. Scholarships are available for up to 75% of the total cost of tuition. Families are responsible to pay the remaining balance.

Please complete SECTION 6 and SECTION 7. Return this form to the Family so they can submit this page with the Scholarship Application.

Please answer the following questions on the back of this page (attach additional pages if necessary). You may visit www.campdewolfe.org for a *Clergy Evaluation Guideline* that may be used to answer the following questions.

- 1) Please describe the family's participation in church organizations (e.g., acolyte, choir, youth group).
- 2) Please assess the family's readiness and suitability for the camp program. How will they benefit from the experience?
- 3) The following is my assessment of this applicant's financial needs and the specific reason for this families Episcopal Ministries Scholarship Request. (Please indicate any special needs this family may have as well.)

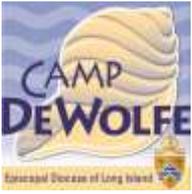
SECTION 7 PARISH CONTRIBUTION (Clergy to complete)

To allow the broadest use of the scholarship funding available, we depend upon clergy to act judiciously in recommending families for scholarships.

To allow scholarships to be granted to as many families as possible, my church will contribute \$ _____ toward this family tuition before June 1st.

Note: If payment is not received by this date, a late fee will be applied.

_____ CLERGY PRINTED NAME	_____ SIGNATURE	_____ DATE
_____ Clergy Title	_____ Phone:	_____ Email



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SECTION 8 SCHOLARSHIP REQUEST (Family to complete)

1.	Amount Family to pay		_____	
2.	Amount Church to pay	+	_____	
3.	TOTAL FAMILY RESPONSIBILITY		<input type="text"/>	ADD line 1 and line 2 to determine Total Family Responsibility.

A)	Family Camp Fees*		_____	*From Family Invoice (sent separately)
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B)	TOTAL FAMILY RESPONSIBILITY	-	_____	Total from Line 3
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SCHOLARSHIP REQUEST	<input type="text"/>	Subtract Total Family Responsibility from Total Family Responsibility to determine Scholarship Request
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SECTION 9 SCHOLARSHIP SUBMISSION CERTIFICATION STATEMENT (Family to complete)

Read and check the box next to each statement, then sign, date, and submit the application with all required forms.

- 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.
- I understand that incomplete applications will NOT be considered for financial assistance. I have attached Proof of Income as described in SECTION 3.
- I agree that it is MY RESPONSIBILITY to ensure the Family Financial Responsibility is paid in full and that this rate is dependent upon published tuition fee rates and deadlines. Otherwise, I may forfeit any Scholarship award.
- I agree that if this Scholarship Application is denied or I cancel my camp registration, all funds are non-refundable and non-transferable.

PRINTED NAME	SIGNATURE	Date
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