



# Camp Woodbrooke

## 2010 Scholarship Application

(Confidential)

(Please include the **completed camper application with this form** and a \$100 deposit, which will be refundable if we can not work out a plan. Scholarship decisions will be made by mid-April.)

Camper's Name \_\_\_\_\_

What is the approximate combined gross family income per year (circle one)

Under \$20,000    \$20,000-\$60,000 (Specify Actual) \$\_\_\_\_\_    Over \$60,000

Number of members in household \_\_\_\_\_

Please state, in detail, what financial assistance is needed from the Woodbrooke Scholarship Fund and why. Let us know of any special circumstances. Attach an additional sheet if necessary.

**Amount Requested:** \$ \_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the possible sources of scholarship you have already checked and their response.

- |  |                  |
|--|------------------|
| <input type="checkbox"/> Meeting or Church         | Amount: \$ _____ |
| <input type="checkbox"/> Family                    | Amount: \$ _____ |
| <input type="checkbox"/> Friends                   | Amount: \$ _____ |
| <input type="checkbox"/> Local Foundations         | Amount: \$ _____ |
| <input type="checkbox"/> County Agencies           | Amount: \$ _____ |
| <input type="checkbox"/> Child Care Funds          | Amount: \$ _____ |
| <input type="checkbox"/> ADC                       | Amount: \$ _____ |
| <input type="checkbox"/> American Camp Association | Amount: \$ _____ |
| <input type="checkbox"/> Other                     | Amount: \$ _____ |

\_\_\_\_\_

\_\_\_\_\_

Would monthly payments help you to manage the cost?     Yes     No

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Camp Woodbrooke Scholarship  
Source \_\_\_\_\_  
Amount \_\_\_\_\_