



# Camp Woodbrooke

## 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.)

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.

- Meeting or Church      Amount: \$ \_\_\_\_\_
- Family      Amount: \$ \_\_\_\_\_
- Friends      Amount: \$ \_\_\_\_\_
- Local Foundations      Amount: \$ \_\_\_\_\_
- County Agencies      Amount: \$ \_\_\_\_\_
- Child Care Funds      Amount: \$ \_\_\_\_\_
- ADC      Amount: \$ \_\_\_\_\_
- American Camp Association      Amount: \$ \_\_\_\_\_
- Other      Amount: \$ \_\_\_\_\_

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

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

\_\_\_\_\_  
 Date

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