

FHT: _____



FREEPORT COMMUNITY SERVICES
53 Depot Street
Freeport, ME 04032
(207) 865-3985

**Camp Scholarship Committee
Summer Camp Application**
Application Fee \$10 (plus \$5 for each additional child in the family)
Application fee ***must be paid*** with the application

*****Please complete both sides of form*****

Child's Name _____ Age: _____ Date of Birth: _____

Grade entering in the fall _____ **and** school attending _____

Address of Residence: _____

Mailing Address (if different than above): _____

Parent/Guardian Name(s): _____

Phone # (home) _____ (work) _____ (cell) _____

E-mail address(es) _____

Does your child receive free/reduced lunch? Yes ___ No ___ Number of persons in household: Adults ___ Children ___

Total Annual Household Income \$ _____ Referred By: _____

Please explain the circumstances under which you are applying for a scholarship for your child (use back of form or attach additional sheet if more space is needed):

My child is interested in the following camp(s):

<u>Camp Name</u>	<u>Session/Dates</u>	<u>Cost/Tuition</u>	<u>AMOUNT YOU ARE ABLE TO PAY</u>

I agree to pay the balance not covered by scholarship *before* my child goes to camp.

Parent/Guardian Signature _____ Date _____

FUNDRAISING AGREEMENT

By applying for FCS Scholarship assistance to camp, we understand that campers and their families are expected to participate in one or more fundraising events sponsored throughout the year by the Camp Scholarship Committee. We agree to work on the following activities:

Sell Holiday Raffle tickets at: _____ Supermarket Booth sales _____ On our own
_____ October Chowdah Challenge (bake or serve apple pies) _____ Holiday Gift Wrapping at LL Bean
_____ Ben & Jerry's Free Cone Day _____ Other as needed

Did your child receive an FCS scholarship last year? : _____ Yes _____ No

If yes, what fundraising event did you and/or your child participate in?

- I understand that Campers are asked to participate in camp evaluations with a member of the FCS Camp Committee. Those evaluations may be shared with the Camp Director.
- I understand and give permission that my child's picture may be used for future program publicity.
- I understand that my family's current circumstances may be considered by the Camp Scholarship Committee in making decisions about scholarships.
- I understand pre-paid camp tuition will not be refunded if my child doesn't attend his/her camp session.
- I understand and give permission that that my family's financial, demographic and other information can be released from and to FCS and camps, teachers, and other professionals for the purposes of the Camp Scholarship program.

Parent/Guardian Signature: _____ Date: _____

For office use only:	
Application fee paid \$ _____	Date _____
Camp Name _____	Camp Name _____
Camp Tuition \$ _____	Camp Tuition \$ _____
Camp Waiver \$ _____	Camp Waiver \$ _____
Family Amount \$ _____	Family Amount \$ _____
FCS Scholarship \$ _____	FCS Scholarship \$ _____
Criteria:	
Personal Need _____	Family Circumstances _____
	Financial Need _____