

# CLINTON YOUTH & FAMILY SERVICES

## Camp Scholarship Application

2018

Return to: **Clinton Youth & Family Services**  
48 E. Main St., Clinton, CT 06413

**Application deadline: May 19, 2018**

Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Youth Date of Birth: \_\_\_\_\_

Grade child will be entering in the fall 2018: \_\_\_\_\_

Number of family members living at home: \_\_\_\_\_ Children (under 18) \_\_\_\_\_ Adults

Monthly Income (Gross): \_\_\_\_\_ (including child support, alimony, SSD, etc..)

Please attach copies of latest two (2) pay stubs etc., to verify income.

Are there any special financial circumstances, ie. outstanding medical bills, foreclosures etc: \_\_\_\_\_

Camp History:

Has your child ever attended camp? \_\_\_\_\_ Name of camp: \_\_\_\_\_

What year(s) did your child attend? \_\_\_\_\_

Day camp \_\_\_\_\_ overnight camp \_\_\_\_\_ Special Interest \_\_\_\_\_

This is only an application for a campership. If a campership is granted to your child **it is your responsibility to contact the camp and register your camper**. This application does not guarantee funds for camp will be granted and/or space will be available for your child. All scholarships require **partial contribution** from the family for the camp fees.

Please initial to indicate that you have read this \_\_\_\_\_.

Name of camp attending in 2018: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_