



## REQUEST FOR FINANCIAL ASSISTANCE

**I am applying for a scholarship for:** \_\_\_\_\_After School Camp \_\_\_\_\_Summer Day Camp  
*Please only choose one program. Scholarships are awarded on a year-to-year basis for each program, and need to be completed each year you are applying for scholarship. If applying for a scholarship to each program, a separate form needs to be completed.*

**Camp Fire Walla Walla provides scholarship help for program fees.** This money is available to boys and girls who would be unable to participate in Camp Fire programs without financial assistance. We encourage parents to pay an amount they can afford toward the fee. This stretches the money further, to provide money for more youth. **Please include income verification including a copy of most recent Federal Income Tax return and the last two pay stubs for each person in household's income. If you are a student, verification from your school that you are a student and a copy of all financial awards is also required.** The form must be filled out accurately and completely before your application can be processed.

### Parent Information

Mother's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

Father's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

**How many children 18 years or under are in your family?** \_\_\_\_\_ **Names**  
**and grades of children who will attend this program:**

\_\_\_\_\_ grade \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ grade \_\_\_\_\_ grade \_\_\_\_\_

**Are there children other than your own currently residing in your home?**



\_\_\_ Yes \_\_\_ No If yes, how many? \_\_\_\_\_

**Do you receive any of the following:**

Support from child's other parent \_\_\_ Yes \_\_\_ No \$ \_\_\_\_\_/month

Temporary Aid to Needy Families \_\_\_ Yes \_\_\_ No \$ \_\_\_\_\_/month

Other Financial Aid \_\_\_ Yes \_\_\_ No \$ \_\_\_\_\_/month

Free or reduced price school lunches \_\_\_ Yes \_\_\_ No \$ \_\_\_\_\_/month

**Does your family have any other source of income?**

(retirement, pensions, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, from what source source \_\_\_\_\_ Total amount received  
\$ \_\_\_\_\_/month

**Do you own your own home?** \_\_\_ Yes \_\_\_ No

Monthly rent/Mortgage: \$ \_\_\_\_\_/month

Do you receive any rent/mortgage subsidy? \_\_\_ Yes \_\_\_ No

If yes, amount received: \$ \_\_\_\_\_/month

**Please use the space below to provide a detailed explanation as to why you are applying for financial assistance. Please list the amount you believe you could afford to pay.**

*No scholarship will be awarded for under 50%*

**After School Camp:**

**What portion of the fee can you afford to pay?**

After School Camp Daily Rate: \$10/Day \$ \_\_\_\_\_/day

Half-Day Camp Rate: \$15/Day \$ \_\_\_\_\_/day

Non-School Day Camp Rate: \$30/Day \$ \_\_\_\_\_/day

**Summer Camp:**

**What portion of the fee can you afford to pay?**

Summer Camp Daily Rate: \$35/Day \$ \_\_\_\_\_/day

Day Camp Weekly Rate: \$130/Week \$ \_\_\_\_\_/week

**I certify that all the information submitted is correct, complete and accurate.** \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date



**FOR OFFICE USE ONLY**

**Qualified to receive Scholarship?**      Yes      No

**Program Scholarship Awarded for:**      After School Camp      Summer Camp

**Year Awarded for:** \_\_\_\_\_      **Date Parent Notified:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_

**Names and grades of children who will attend this program:**

\_\_\_\_\_ grade \_\_\_\_\_      \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ grade \_\_\_\_\_      \_\_\_\_\_ grade \_\_\_\_\_

**AFTER SCHOOL CAMP**

After School Camp Daily Rate: \$10/Day

Half-Day Camp Rate: \$15/Day

Non-School Day Camp Rate: \$30/Day

**SCHOLARSHIP  
ADJUSTMENT**

\$ \_\_\_\_\_/day

\$ \_\_\_\_\_/day

\$ \_\_\_\_\_/day

**SUMMER CAMP**

Summer Camp Daily Rate: \$35/Day

Day Camp Weekly Rate: \$130/Week

**SCHOLARSHIP  
ADJUSTMENT**

\$ \_\_\_\_\_/day

\$ \_\_\_\_\_/week

**Staff Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_