



## Camp Fairlee Application for Camp Scholarship

Please complete this form to apply for a scholarship and return it with a copy of last year's tax return, your essay question answer and your Camp Fairlee registration form. This confidential application will only be reviewed by the Camp Director for the purpose of determining eligibility. No other camp participant, Counselor or Volunteer will be aware of this application or subsequent award of scholarship, if any.

Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

Number of Family Members in the Household

\_\_\_\_ Mother \_\_\_\_ Father

\_\_\_\_ Children \_\_\_\_ Other Adults

Gross Annual Income \$ \_\_\_\_\_

Session Registering For: \_\_\_\_\_

**Please attach a copy of last year's tax return form #1040  
Please attach a statement telling us why you want to come to Camp Fairlee**

We believe that anyone with a disability who would benefit from camp should attend without regard to the family's ability to cover the cost of camp. Scholarships are only available due to the gracious gifts of caring individuals. There are limited scholarships available.

By signing this application you are attesting to the need for financial assistance.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date