



2019 Summer Camp - Scholarship Request Form

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ are you a single parent? Yes \_\_\_ No \_\_\_

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

Phone: \_\_\_\_\_

1- Do you work? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Employer: \_\_\_\_\_

2- What scholarship amount are you requesting?

A free week of camp for my child- \_\_\_\_\_

Financial assistance for some or all six weeks? \_\_\_\_\_

3- Will child attend Lubec Elementary in September 2019? Yes \_\_\_ No \_\_\_

4- Has child attended LCOC Summer Camp in the past? Yes \_\_\_ No \_\_\_

5- Parent/s combined current gross income: (Please check appropriate box and have proof available)

\_\_\_\_\_-Under \$20,000 \_\_\_\_\_ - \$30-35,000 \_\_\_\_\_ - \$35-50,000 \_\_\_\_\_ - \$50-75,000

6- Other Siblings and ages: \_\_\_\_\_

7- any additional comments or information?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For LCOC Staff)

Request approved by \_\_\_\_\_ Amount Approved \_\_\_\_\_

Date \_\_\_\_\_ Camp & Date Attending \_\_\_\_\_

Office /Scholarship Fund \_\_\_\_\_