



## Scholarship Application Form

**SCHOLARSHIP POLICY:** The Camp Moss Hollow Scholarship discounts will be determined using the Federal Poverty Level chart. The chart will allow us to determine a discount depending upon household income and size. Please complete the following information and return to the Youth Development Department to determine if your child is eligible for a discount. The discount will only apply to 2016 Winter Camp Program. Scholarships will not affect the \$50 non-refundable application fee.

Date of Application \_\_\_\_\_

### PARENT INFORMATION

Parent Name: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Last 4 of SS# : \_\_\_\_\_

Address \_\_\_\_\_  
City St. Zip

Parents Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_

Address \_\_\_\_\_  
City St. Zip

Occupation/Trade \_\_\_\_\_ Unemployed

***Please attach your 2015 1040 for your application request to be considered.***

### CAMPER INFORMATION

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: M / F Race: \_\_\_\_\_ Grade: \_\_\_\_\_



**FAMILY INFORMATION**

List the names of all the people living in your household

	First Name	Last Name	Age	Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				
9				

Combined Monthly Household Income: \_\_\_\_\_

**PAYMENT POLICY**

Payment is due 7 days before the first camp weekend. Partial payments can be made but the balance must be paid off on or before the one week due date.

If you have any questions please call the Youth Development office at (202)289-1510 x154 or email us at CampMossHollow@yahoo.com.