



Camp Scholarship Application

Applicant Information

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

E-mail: _____

Child: _____

Camp/Workshop Name: _____

Camp/Workshop Date: _____

Scholarships will only cover up to half of the camp fee.

Financial Information:

Please mark where your family receives support from:

Chip (Children's Health Insurance Plan)

Food Stamps (EBT Card)

Foster Care

Free and Reduced School Lunch

Low Income Home Energy Assistance Program

Medicaid

Section 8 housing Voucher Program

TANF (Temporary Assistance For Needy Families)

WIC (Women Infants and Children)

Other Please List: _____

Yearly Household Income, before taxes (include all sources of income): _____

-Please Complete Both Sides of Application-

Camp Scholarship Application



Parent/Guardian #1 employed:

Full-time

Part-time

Not Employed

Employer: _____

Parent/Guardian #2 employed:

Full-time

Part-time

Not Employed

Employer: _____

If a parent is not employed please explain circumstances:

Are there special circumstances we should take into account?

Name of person completing form: _____

Mail form to: WISE CAMPS
12024 106th Ave NE
Kirkland, WA 98034

OR email form to: wisecamps@gmail.com

We will send an email to the address given on the front page of this document. If you do not receive such an email within 2 weeks of sending the application, please contact us with a follow up call.