

Kay Foundation Scholarship Application

The Kay Foundation has established scholarship funds for the purpose of providing financial assistance to those who are underprivileged or would otherwise not be able to attend a camp.

❖ ❖ *Please print & fill in all sections completely. Incomplete applications will not be processed.* ❖ ❖
Camp Registration Form, appropriate Deposit, and Proof of Income *MUST* accompany this application. If questions do not apply, enter the word "none".

FAMILY INFORMATION

<p>Child Requesting Scholarship: _____ <i>First and Last Name</i></p> <p>If you are an Agency, Name: _____</p> <p>Parent / Guardian (1) Name: _____ <i>First and Last Name</i></p> <p>Parent / Guardian (2) Name: _____ <i>First and Last Name</i></p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced</p> <p>Church Regularly Attended (if any) _____</p> <p>Child's School (name): _____</p> <p>Total # Family Members in Household: _____</p> <p>Other Children in Family?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">_____</td> <td style="width: 50%; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="font-size: small; text-align: center;"><i>First and Last Name</i></td> <td style="font-size: small; text-align: center;"><i>Age</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="font-size: small; text-align: center;"><i>First and Last Name</i></td> <td style="font-size: small; text-align: center;"><i>Age</i></td> </tr> </table> <p>Camp Name/Date/Cost: _____</p> <p>Camp Name/Date/Cost: _____</p>	_____	_____	<i>First and Last Name</i>	<i>Age</i>	_____	_____	<i>First and Last Name</i>	<i>Age</i>	<p>Child's Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Parent (1) Employer: _____</p> <p>Parent (2) Employer: _____</p> <p>School City: _____</p> <p># of Dependent Children: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Camp Name/Date/Cost: _____</p> <p>Camp Name/Date/Cost: _____</p>
_____	_____								
<i>First and Last Name</i>	<i>Age</i>								
_____	_____								
<i>First and Last Name</i>	<i>Age</i>								

FINANCIAL INFORMATION

Please attach one Proof of Income statement (tax form, final paycheck stub for last year)
 Financial assistance is generally granted for a portion of the total fee.
 Each applicant will be expected to contribute toward their costs to the extent of their ability.

Parent #1 Gross Income last year: _____	Fed/State Aid Received last year: _____
Parent #2 Gross Income last year: _____	Taxable Investment Income: _____
Child Support Received last year: _____	Other Sources not listed: _____

Maximum Amount You Will be Able to Share in Cost (after deposit): _____

Has This Child Previously Received a Scholarship from Camp Hammer? Yes No

If yes, what year(s): _____ What Camps: _____

Has This Child Previously Received a Scholarship from Twin Lakes Church and/or Kruz Kidz? Yes No

If yes, what year(s): _____ What camp/ministry? _____

PLEASE STATE BRIEFLY THE CIRCUMSTANCES MAKING ASSISTANCE NECESSARY:

Signature: (by signing my name, I hereby certify that this information is true, complete, and accurate)

 Date: _____

What is the best way to contact you? Phone Cell E-m

Home Phone: _____ Cell Phone: _____ E-mail: _____