

Kay Trust Scholarship Application

Kay Trust has established scholarship funds for the purpose of providing financial assistance to campers age 17 and under 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, you must enter the word "none".

CAMPER INFORMATION

Child Requesting Scholarship: _____ Child's Age _____ Male Female
First and Last Name

Child's School (name): _____ Church: _____

Camp Name/Date/Cost: _____ Camp Name/Date/Cost: _____

AGENCY INFORMATION

Agency Name: _____ Address _____
Agency Contact Person: _____ City, State, Zip _____
Agency Contact Person Phone #: _____ Other Agency Contact #: _____

PARENTAL INFORMATION

Parent / Guardian (1) Name: _____ Address _____
First and Last Name City, State, Zip _____

Parent (1) Employer: _____

Parent / Guardian (2) Name: _____ Address _____
First and Last Name City, State, Zip _____

Parent (2) Employer: _____

Marital Status: Single Married Divorced Other (please explain): _____

FAMILY INFORMATION

Total # Family Members in Household: _____ # of Dependent Children: _____

Other Children in Family? _____
First and Last Name Age *First and Last Name* Age
First and Last Name Age *First and Last Name* Age
First and Last Name Age *First and Last Name* Age

see page 2 (over)

FINANCIAL INFORMATION

Application cannot be processed without a Proof of Income statement (tax forms or final paycheck stubs 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 Camps: _____
Has This Child Previously Received a Scholarship from a Partner Ministry? Yes No
If yes, what year(s): _____ What Camps: _____

PLEASE STATE BRIEFLY THE CIRCUMSTANCES MAKING ASSISTANCE NECESSARY:

TWO SIGNATURES AND CONTACT INFORMATION

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

X _____ Date: _____

Signature: (Verifying I have attached a copy of my proof of income as requested above): _____

X _____ Date: _____

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

Please include all information below to help expedite the processing of your scholarship application:

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

PROCESSING INFORMATION

Applications are **incomplete** unless all the questions are answered (if questions does not apply, enter the word "none").

Applications are **incomplete** unless the proof of income is attached at the time of submission.

Applications that are **incomplete** are returned to applicant

Applications that are **complete** are processed on a first come, first serve basis