

Kay Trust Scholarship Application

Kay Trust has established scholarship funds for the purpose of providing financial assistance to campers, primarily from Santa Cruz County who are age 17 and under, with their camp registration fees.

Alternatively, you can complete this application online at: <http://www.tlc.org/kaytrust/>

CAMPER INFORMATION

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

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

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.

Parent #1 Gross Income last year: _____

Parent #2 Gross Income last year: _____

Child Support Received last year: _____

Investment Income: _____

Other Federal/State assistance/income received
year (this includes but is not limited to food
housing authority, cash aid, and student loans):
Monthly \$ _____ or Annually \$ _____

After the deposit, what is the maximum amount you would be able to contribute: _____

Has This Child Previously Received a Scholarship from Kay Trust? Yes No

If yes, what year(s): _____

How did you hear about us? _____ Yes No

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 do 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