

2017 DEBBIE KAESER CAMP SCHOLARSHIP APPLICATION

Student name: _____ Male__ Female__
 D.O.B.: _____ Grade: _____ School : _____
 Parent Name: _____ Home phone: _____
 Mailing Address: _____ Cell phone: _____
 City _____ Zip _____ Work phone: _____
 Exceptionalities (include all): _____
 Name and Title of Nominator: _____
 Telephone number: _____ CEC member: yes _____ no _____
 School/Agency: _____ Phone: _____
*****Parent Signature:** _____

1. Please state reasons why CEC should provide camp scholarships for this student:

2. Statement of family need/extenuating circumstances:

3. Does student qualify for the free lunch program?

4. Names and dates of all prior summer camp scholarship experience(s):

5. Please indicate a specific camp or recreation program that the student would like to attend:

1st choice: _____ Location: _____ Cost: ___ per day or week
 2nd choice: _____ Location: _____ Cost: ___ per day or week

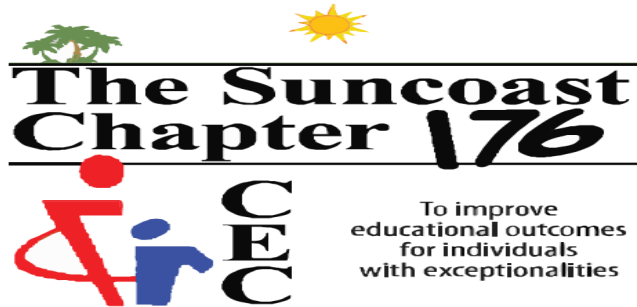
Once you have been contacted about camp scholarship approval, ***it is the family's responsibility to choose the summer camp and to register the child for the camp experience.*** The check will be written directly to the camp but can be mailed to the parent for registration purposes.

DUE DATE: May 12, 2017

****Principal Signature**

****Nominator Signature:**

Priority will be given to students who have not previously received a camp scholarship.



****Please remember that we do not have a summer camp and we do not endorse any summer camp. It is the parent's responsibility to find an appropriate summer camp for their child and take care of all the paperwork. We will send a check to the camp or the parent made out to the camp.**

Request for payment:

Please submit with application.

The nominator will receive an email within two weeks of deadline if camp scholarship was approved.

Student's name: _____
School: _____
Name of Nominator: _____
Contact phone number for nominator: _____
Parent phone number: _____

Camp information:

Name of Camp: _____
Mailing Address: _____
City _____ State _____ Zip _____

Check needs to be written out to: _____
(Be specific- Checks will be written to the camp directly)

Check one below:

I want you to mail the check directly to the camp at the address above.

I want you to mail the check to the parent's home so they can deliver the check to the camp.

Submitted by: _____ Date: _____

Please E-mail form no later than **May 12, 2017**.

Send all completed applications to: cecsuncoast176chapter@gmail.com

FOR CEC USE ONLY: Check number _____ Amount _____
Written to _____ Remarks _____
