Boone County Conservation District

CAMP SCHOLARSHIP APPLICATION

Please print

Parent/Guardian Information

First Name_____ Last Name_____

Street Address_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone_____

Place of Employment_____

Number of people living in household including applicant_____

Name of child(ren) who would be attending camp

_____

Family Income *circle pay frequency*

Wages, salaries, tips _____ weekly, twice a month, every two weeks, monthly

Child support _____ weekly, twice a month, every two weeks, monthly

Social security _____ weekly, twice a month, every two weeks, monthly

Disability _____ weekly, twice a month, every two weeks, monthly

Gov't assistance _____ weekly, twice a month, every two weeks, monthly

Other _____ weekly, twice a month, every two weeks, monthly

Scholarships are only for partial payment of registration fee. You would be responsible for $25 per camper per week for Camp Redwing and/or Ducktails and $100 per camper per trip for Camp Redtail. <u>You would also be responsible for all extended care fees.</u>

EXTENDED CARE IS NOT COVERED BY OUR SHCOLARSHIP PROGRAM

Applicant Signature_____ Date_____

OFFICE USE ONLY Application: Approved_____ Denied_____ Authorized by: _____

Date of Notification: _____ Amount Due: _____