



Camp Iredell Scholarship Application 2018

Application Deadline May 1, 2018

Applicant(s) Information

Ages 5-11. Up to two campers per household may apply for assistance.

	Camper Name	Date of Birth	Age	School	Grade (Fall 2018)
1					
2					
Parent/Guardian Name(s) <i>Needs to match online account owner name</i>					
Address (Street, City, State, Zip)					
Phone # 1		Phone # 2			
Email Address(es)					

Financial Information

Include for all members in the household/family. Certain documentation* required/requested.

Number of Adults Living in Household		Number of Children in Household	
Number of Adults with Employment		Ages of <u>Each</u> Family Member	

MONTHLY INCOME**

Please include supporting documents (see ** below)

	Wages (Gross)	Child Support/Alimony	Social Security	Retirement & Pension	State/Federal Aid (SNAP, etc)	Unemployment Income	Other	Total
Adult 1								
Adult 2								
Other Source								
Household Monthly Total								

ANNUAL HOUSEHOLD INCOME** (Gross Total, Select One)

<input type="checkbox"/> <\$10,000	<input type="checkbox"/> \$25,000-\$30,000	<input type="checkbox"/> \$45,000-\$50,000	<input type="checkbox"/> \$60,000-\$65,000
<input type="checkbox"/> \$10,000-\$15,000	<input type="checkbox"/> \$30,000-\$35,000	<input type="checkbox"/> \$50,000-\$55,000	<input type="checkbox"/> \$65,000-\$70,000
<input type="checkbox"/> \$15,000-\$20,000	<input type="checkbox"/> \$35,000-\$40,000	<input type="checkbox"/> \$55,000-\$60,000	<input type="checkbox"/> \$70,000-\$75,000
<input type="checkbox"/> \$20,000-\$25,000	<input type="checkbox"/> \$40,000-\$45,000	<input type="checkbox"/> \$60,000-\$65,000	<input type="checkbox"/> More than \$75,000

MONTHLY EXPENSES

Estimate Monthly Average

	Rent/Mortgage	Utilities	Car Payment	Groceries	Child Care	Medical	Other	Total
Household								

****SUPPORTING DOCUMENTS:** Income documents **REQUIRED** include recent 1040 Tax Return or W-2's, and 2 most recent pay stubs; and if applicable, verification for other income (child support, alimony, social security, retirement, state/federal aid, unemployment, etc)

TELL YOUR STORY

Please explain why you are applying for financial assistance.

Include any extenuating circumstances*. If you need more space, please attach additional documentation.

*Circumstances could include: Loss/change of job status, divorce/separation, illness/injury, bankruptcy/debt, custody changes, etc

Session Information

SELECT CAMP SESSIONS FOR ASSISTANCE (Maximum 4 Per Child) Please indicate if children need different sessions.

Families are **required** to provide the minimum 20% deposit, or more depending on approved amount.

Session registration is required prior to (or at the time of) a scholarship being received.

If selected, assistance can provide up to 80% of the rate.

Select Sessions (Child 1, Child 2)	Session	Dates	Session Rate* (With \$5 Fee)	Minimum Deposit from Family (20%)	Maximum Assistance (80%)	Have you registered and paid the deposit?*
<input type="checkbox"/> <input type="checkbox"/>	Week 1	June 18-22	\$135	\$27	\$108	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <input type="checkbox"/>	Week 2	June 25-29	\$135	\$27	\$108	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <input type="checkbox"/>	Week 3	July 2-6 (4 days)	\$120	\$24	\$96	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <input type="checkbox"/>	Week 4	July 9-13	\$185	\$37	\$148	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <input type="checkbox"/>	Week 5	July 16-20	\$135	\$27	\$108	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <input type="checkbox"/>	Week 6	July 23-27	\$135	\$27	\$108	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <input type="checkbox"/>	Week 7	July 30- Aug 3	\$175	\$35	\$140	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <input type="checkbox"/>	Week 8	Aug 6-10	\$135	\$27	\$108	<input type="checkbox"/> YES <input type="checkbox"/> NO

Max 4 sessions per child

* Rates include the Weekly fee PLUS the \$5 Payment Plan fee that is required when registering and paying only the deposit (20%).

** Children must be registered and deposits (20%) must be paid before scholarship funds will be considered and/or awarded.

LOCATION: Drop-Off & Pick-Up

Please let us know which location you will be using for camp drop-off and pick-up (select accordingly when registering for sessions).

Mooreville (Mt. Mourne School)

Statesville (East Elementary School)

Verification

ACKNOWLEDGMENTS

- We (the family) have read the "Camp Scholarship Information" packet, and understand the included information and requirements.
- Funding is limited and approval is based on available funds and financial need. Scholarships will NOT cover 100% of the fees.
- The family will be required to pay any remaining balance for a scholarship session by June 8 (or request extension by June 8).
- Income documentation is required. Additional documentation may be requested to verify information in the application.
- Incomplete or falsified applications may not be considered for financial assistance.
- ICPRD should be notified immediately of any changes to the information in your application, such as employment/financial status, schedule conflicts, etc. **Failure to notify ICPRD of changes may disqualify the application and funds may be revoked if necessary.**
- ICPRD has the authority to use the applicant(s)'s image and/or statements for future support of the Camp Iredell program.

NOTIFICATION

- Notification of scholarship status will be sent via email, once scholarship recipients have been determined.
- Parents/Guardians will be contacted via phone if no email address is available.
- Parents/Guardians will have 1 week from date of notification to verify whether or not they intend to accept an award.

I certify that the information contained in this application is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I have read & agree to the "Scholarship Information" & "Application". I agree to any request for additional information or documents. In the event that this application needs to be withdrawn, I will contact ICPRD immediately so financial assistance can be provided to others.

Parent/Guardian Signature	Date
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CHECKLIST

- Register for desired camp session(s) & pay deposit(s). (Complete Pre-Registration Course #567 first)
- Complete Scholarship Application
- Include necessary documentation with Scholarship Application

Required: Copies of Tax Return or W-2's, and 2 most recent paycheck statements

If applicable: Verification of other income (child support, alimony, social security, retirement, state/federal aid, etc)

- Submit Application via email or postal mail:

Jen Winters jwinters@co.iredell.nc.us

Iredell County Parks & Recreation, Attn: Camp Iredell

PO Box 788, Statesville, NC 28687

OFFICE USE

Date Received: _____	Date of Notification: _____	Date Award Applied/Balance Paid: _____
Application Complete: Y/N	Notification via: Email/Phone	Refund for Deposit Requested: Y/N
Status: Approved/Denied	Award Accepted: Y/N Date: _____	Date Deposit Refunded: _____
Approval Amount: _____	Registered for Session(s): Y/N	