Date Received: _____
Office use only

Camp Scholarship Application

Child's First Name: _____ Child's Last Name: _____

Gender: _____ Date of Birth: _____ School: _____ Grade: _____

Address: _____

City/State/Zip: _____

Home Phone: (_____)_____

Parent/Guardian Information:

Parent/Guardian 1 Information:	Parent/Guardian 2 Information:
Name: _____	Name: _____
Relation to Child: _____	Relation to Child: _____
Place of Employment: _____	Place of Employment: _____
Cell Phone: (_____) _____	Cell Phone: (_____) _____
Home Phone: (_____) _____	Home Phone: (_____) _____
Email: _____	Email: _____

Child lives with (please check):

☐ Parent/Guardian 1 & Parent/Guardian 2 ☐ Parent/Guardian 1 ☐ Parent/Guardian 2

Other People in the Household:

First Name	Last Name	Date of Birth

Financial Information:

(This section should be completed by Parent/Guardian)

Please list any Public Assistance your family receives: _____

_____

Are you or your spouse a Military Service Member or Veteran? ☐Yes ☐No

Why do you want to come to Lollypop Farm Camp?

Please use the space below to write and/or draw why you would like to be considered for a Lollypop Farm Camp Scholarship.

This section should be completed by the child

Why do you want to come to Lollypop Farm Camp?

Please use the space below to draw a picture to explain why you would like to be considered for a Lollypop Farm Camp Scholarship.

This section should be completed by the child