



2024 SUMMER CAMP SCHOLARSHIP APPLICATION

Please answer all questions completely and be as specific as possible. Print or type. Scholarships (full and partial) will be awarded in order received and based on the needs of applicants. Please note: There is a limited amount of scholarship funds available. Submission of this scholarship application DOES NOT guarantee camp availability. All information will remain confidential. If you need assistance completing this form, please call the office at (610) 793-1090. **Applications are first come, first served starting February 1, 2024.**

Parent/Guardian (1): _____ Occupation: _____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)

Phone (H): _____ (W): _____ (Cell): _____

Email Address: _____

Parent/Guardian (2): _____ Occupation: _____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)

Phone (H): _____ (W): _____ (Cell): _____

Email Address: _____

Number of persons in household: _____

Number of Dependents: _____ Adults _____ Children (18 & under)

Does your family qualify for the National School Lunch program? YES NO*

*If your family does not qualify for the subsidized lunch program, this will not disqualify you from receiving scholarship funds.

Combined annual income of family members from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance)

\$ _____

Has your child(ren) participated in BRC camp programs before? Yes No

Has your child(ren) received a BRC camp scholarship before? Yes No If YES, Year: _____

The BRC does not provide transportation for your child to and from camp. Can you provide, or arrange for, reliable transportation for your child to attend the summer program(s)?

Answers to the following questions are particularly important to the Scholarship Committee. Your application will not be considered unless all questions are answered thoroughly.

What other activities will your child(ren) be involved in over this summer (Please be specific):

Please describe why you would like to send your child(ren) to camp(s) at the Myrick Conservation Center.

Please explain why you feel you are in need of assistance for your child(ren) to attend the summer camp(s). Please be as specific as possible and include any unusual circumstances that the scholarship committee should be aware of (e.g., several children in the family would like to attend camp; you have a child in college; low income, medical bills; etc.) Feel free to use additional paper if needed.

| Childs Name | Age & DOB | T-Shirt Size: Child: S, M, L Adult: S, M, L, XL |
|-------------|-----------|---|
| #1 | / | |
| #2 | / | |
| #3 | / | |
| #4 | / | |

| | Child #1 | Child #1 | Child #2 | Child #2 |
|--------------------------------------|---|---|---|---|
| | Camp Choice 1 | Camp Choice 2 | Camp Choice 1 | Camp Choice 2 |
| Camp Name / Date | | | | |
| Location | Chandler Mill Myrick Conservation Ctr. | Chandler Mill Myrick Conservation Ctr. | Chandler Mill Myrick Conservation Ctr. | Chandler Mill Myrick Conservation Ctr. |
| How much can your family contribute? | \$ | \$ | \$ | \$ |

| | Child #3 | Child #3 | Child #4 | Child #4 |
|--------------------------------------|---|---|---|---|
| | Camp Choice 1 | Camp Choice 2 | Camp Choice 1 | Camp Choice 2 |
| Camp Name / Date | | | | |
| Location | Chandler Mill Myrick Conservation Ctr. | Chandler Mill Myrick Conservation Ctr. | Chandler Mill Myrick Conservation Ctr. | Chandler Mill Myrick Conservation Ctr. |
| How much can your family contribute? | \$ | \$ | \$ | \$ |

How did you hear about our scholarship opportunities?

Your signature _____

Date _____

Printed Name _____

Mail or email this form to:

Summer Camp Scholarship Fund – Confidential
 Brandywine Red Clay Alliance
 1760 Unionville-Wawaset Road
 West Chester, PA 19382
contact@brandywineredclay.org

Questions or Concerns? Call: (610) 793-1090, Fax: (610) 793-2813
ahart@brandywineredclay.org

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 FOR OFFICE USE ONLY

| For Office Use Only | Child #1 | Child #2 | Child #3 | Child #4 |
|--------------------------|----------|----------|----------|----------|
| Camp Date | | | | |
| Scholarship Award | \$ | \$ | \$ | \$ |
| Amount Due | \$ | \$ | \$ | \$ |

Review Date: _____

Total: _____

Approved By: _____