

Camp Sunshine *Day Camp*

13440 S 25th St. Roca, NE 68430 · Phone: 402-423-8746 · www.CampSonshineMemories.org · Email: memories@campsonshine.org

Dear Parent(s)

Below is a list of everything you will need to apply for a scholarship for your child(ren). Please make sure you have everything on this list before you turn in your application to the camp office. Incomplete applications can result in delays and cause you to lose a space in camp.

- The completed Camper Application
- The completed Scholarship Application
- A registration fee of \$50 per family

Please know that we generally do not award more than one session of camp per child. If you are able to pay for a session of camp, please let the scholarship money go for those who cannot pay. The object of the scholarship fund is to provide a camp experience for campers who otherwise would not be able to come at all.

Currently we offer scholarships to those with the greatest financial need based on how many children are in their family and household income. Please feel free to contact us if you have any further questions.

Thank you for choosing Camp Sunshine!

Sincerely,

Jeff and Trisha Keiser
Directors

Please return all items to: Camp Sunshine
13440 S 25th St Roca, NE 68430

Making Memories... Changing Lives

Camp Sunshine

Scholarship Application

Applicant Name: _____ Date: _____
Family Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____

Marital Status (circle one): Married Divorced Widowed Single Separated
Spouse's Name: _____

Child(ren)'s name(s) and grade(s) having completed by summer 2011.

Do you attend Church in Lincoln? _____
If so have you looked into camp scholarships through your church? _____

Do you pay for any of your children to attend a private school? _____

Employment Income Information:

Your Employer _____
Address _____
Position _____
Annual Salary _____

Spouse's Employer _____
Address _____
Position _____
Annual Salary _____

Other Monthly Income:

| | | | |
|---------------|-------|------------|-------|
| Unemployment | _____ | Alimony | _____ |
| Child Support | _____ | Disability | _____ |
| Food Stamps | _____ | Housing | _____ |
| Public Aid | _____ | Other | _____ |

Approximate Monthly Expenses:

| | | | |
|-----------|----------|-----------------|----------|
| Housing | \$ _____ | Insurances | \$ _____ |
| Vehicles | \$ _____ | Education | \$ _____ |
| Food | \$ _____ | Debt Repayments | \$ _____ |
| Utilities | \$ _____ | Other Expenses | \$ _____ |

Approximate TOTAL Monthly Expenses: \$ _____

Are there any special financial considerations or circumstances that make affording camp expenses difficult? Please be specific (use additional pages if needed).

