



## Send a Kid to Camp Scholarship Application

Please complete a separate application for each child.

### SECTION 1: Household Information

1. Parent/Guardian Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Preferred Language:  English  Spanish  Other: \_\_\_\_\_
6. Are you a single-parent household?  Yes  No

Do you currently receive any of the following? (Check all that apply):

Medicaid  SNAP  WIC  TANF  SSI  None

### SECTION 2: Camper's Information (One application per child)

Child's Name:	
Age:	
Camp(s) Attending:	
Number of Weeks Attending:	
Camp Location(s):	

### Additional Children Registered for Camp

Please provide the following information for any additional children registered for Greensboro Parks & Recreation summer camps (up to five). If you have no other children registered for summer camp, please leave blank:

Child's Name	Camps Registered For	Number of Weeks Attending

### **SECTION 3: Financial Information**

1. Annual Household Income (before taxes): \$ \_\_\_\_\_
2. Number of people in household (adults + children): \_\_\_\_\_
3. Provide income documentation (choose one):  
 Most recent tax return  
 Two recent pay stubs  
 Proof of public benefit eligibility (e.g., WIC/SNAP letter)

**IMPORTANT:** Scanned copies of documents should be emailed to [info@gsoparksfoundation.org](mailto:info@gsoparksfoundation.org), using the subject line "Camp Scholarship." Please include the parent/guardian name in the body of your email. Documents can also be mailed or hand delivered to Greensboro Parks Foundation, 301 S. Greene Street, Suite 300, Greensboro, NC 27401, ATTN: Camp Scholarship

### **SECTION 4: Additional Considerations (Optional but Helpful)**

Check any that apply:

- Multiple children attending camp
- Requesting multiple weeks
- First-time applicant
- Unique hardship or special circumstance (please explain briefly):  

---

---

---

---

### **SECTION 5: Acknowledgment**

I certify that all of the information provided is true and complete. I understand that scholarships are limited and not all applicants may receive assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_