



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**, 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: _____