

# FELC Summer Camp Self Statement of Need for Student Scholarship

Name of Child(ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the lines provided below please provide a brief explanation for what qualifies your child for camp scholarship. Some examples may be: child receives free/reduced lunch, family qualifies for childcare assistance, WIC, or SNAP Benefits program, family financial strain based on family size, child is or was a participant in the foster care system.

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented, will result in denial of all future scholarship requests.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

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### OFFICE USE ONLY

Date Received      \_\_\_\_/\_\_\_\_/\_\_\_\_      # of Camps Approved      \_\_\_\_\_

Total Award Approved for Camper      \$ \_\_\_\_\_

Administrator Signature \_\_\_\_\_