



**2019 Treasure Coast Camp Scholarship Application**

**Date:** \_\_\_\_\_

**Print name (Mother):** \_\_\_\_\_ Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Age: \_\_\_\_\_

**Print name (Father):** \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Age: \_\_\_\_\_

**Address:** \_\_\_\_\_ How long at current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ Employer's phone: \_\_\_\_\_

Mothers **occupation:** \_\_\_\_\_

Applicant's marital status:  Single  Married  Divorced  Separated

**Father's Employer:** \_\_\_\_\_ Employer's phone: \_\_\_\_\_

Fathers **occupation:** \_\_\_\_\_

Applicant's marital status:  Single  Married  Divorced  Separated

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_ Number Weeks Attending

Camp \_\_\_\_\_

Camp attending: \_\_\_\_\_ Cost: \_\_\_\_\_

Scholarship awarded from camp: \_\_\_\_\_ Scholarship Awarded from other organization: \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_ Number Weeks Attending

Camp \_\_\_\_\_

Camp attending: \_\_\_\_\_ Cost: \_\_\_\_\_

Scholarship awarded from camp: \_\_\_\_\_ Scholarship Awarded from other organization: \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_ Number Weeks Attending

Camp \_\_\_\_\_

Camp attending: \_\_\_\_\_ Cost: \_\_\_\_\_

Scholarship awarded from camp: \_\_\_\_\_ Scholarship Awarded from other organization: \_\_\_\_\_

**Additional Household Members:**

Name Relationship Age: Employed?

---

---

**Monthly Family Income:**

SS / SSI / SSDI: \$ \_\_\_\_\_

Employment Wages: \_\_\_\_\_

Pension: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

Workers Comp: \_\_\_\_\_

Short or Long Term Disability: \_\_\_\_\_

Child Support: \_\_\_\_\_

Alimony: \_\_\_\_\_

Investments: \_\_\_\_\_

Other income: \_\_\_\_\_

**Total Income:** \$ \_\_\_\_\_

I hereby certify that all information I have provided is accurate and my statements of need are truthful. By signing below, I authorize TCTF to share personal information collected about me or my family in its possession, including but not limited to name, address, and other personal and identifiable information, and the type of assistance requested or received from this organization, with vendors and other community agencies and resources in order to confirm the need for or provision of the requested assistance and/or coordinate available services and assistance. Please note that if at any time, a change in circumstance occurs; this must be communicated with the TCTF.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

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

**Give specific detailed information that you feel we should know about when processing your request for financial assistance.**

---

---

---

---

---

---

---

