

## 2022 Application for Indian Rock Camp Scholarship

Scholarships are available on a limited basis, and applications will be reviewed on a rolling basis for as long as our matching funding is available. Some shared costs will apply, depending on your level of financial need.

Parent/Guardians Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Have you ever received a scholarship to attend Indian Rock Summer Camp? \_\_ Yes \_\_ No

If yes, how many years have you received a camp scholarship? \_\_\_\_\_

In the child's own words, have them write why they would like to attend Indian Rock Summer Camp. Use a minimum of three complete sentences.

---

---

---

---

---

---

---

---

Personal Statement of Need: Please explain your financial need and what you hope your child will gain from attending Indian Rock Summer Camp.

---

---

---

---

---

---

---

---

Please check the category below that best describes your household annual gross income including all income, child support, assistance programs, food stamps, etc.

\_\_\_\_\_ below \$20,000    \_\_\_\_\_ \$20,000-\$30,000    \_\_\_\_\_ \$30,000-\$40,000  
\_\_\_\_\_ above \$40,000

Do you qualify for any of the following programs?

- SNAP (Supplemental Nutrition Assistance Program)
- Section 8 housing
- Husky A/Medicaid coverage
- Other financial hardship not defined above (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit a copy of your proof of eligibility as listed above, as well as a current paystub, proof of unemployment coverage, or other proof of income.**

After attending Indian Rock Summer Camp, all financial assistance recipients are required to share a reflection of their experience in the form of a letter suitable to be shared with active or potential donors who make our camp scholarship funding possible. Letter content will be kept anonymous if requested. Please discuss this with your child and have them sign/agree here:

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I verify that the above information is true and correct to the best of my knowledge.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We appreciate your interest in Indian Rock Summer Camp, and we hope you will be able to join us this summer!

**Environmental Learning Centers of Connecticut, Inc**  
**501 Wolcott Rd., Bristol, CT 06010**  
**860-583-1234**  
[summercamp@elcct.org](mailto:summercamp@elcct.org)  
[www.ELCCT.org](http://www.ELCCT.org)

FOR STAFF USE ONLY	
Date Application Received ___ / ___ / ___	Amount Awarded \$ _____ for ___ # of weeks
Funding Source _____	