

2023 Camp Friendship Scholarship Application

Dear Parent/Guardian,

Thank you for your interest in Camp Friendship. This camp scholarship program offers financial assistance to families, up to \$100, whom cannot afford the full cost of camp. Scholarships are limited and are distributed on a first come, first serve basis, so submit your application as soon as possible.

The application is due July 1st, scholarships will be awarded July 15th.

PARENTS/CAREGIVERS ARE RESPONSIBLE FOR THE FOLLOWING:

1. Camp Friendship registration forms.
2. Completing the attached Camp Friendship Scholarship application.

Mail the Camp Friendship application and registration forms by July 1, to:

Camp Friendship
Scholarship Application
PO Box 1986
Rapid City, SD 57709-1986

SCHOLARSHIP AWARD NOTIFICATION

Scholarships from Camp Friendship are not guaranteed until the camper's parent/caregiver(s) receive an approval letter confirming the camp scholarship July 15. The parent/caregiver is responsible for paying the remaining camp tuition balance directly to the camp.

Any questions can be directed to Gary Sortland phone # 605-381-2694 txt or call or email campfriendshipdirector@hotmail.com

2023 Camp Friendship Scholarship Application

Complete both sides of this form for **each** camper you are requesting a scholarship. All information must be complete and accurate. Attach pay stubs for the last four weeks for all adults contributing to the family income.

Camper's Full Name: _____ Date of Birth: __/__/____

Family Information

Parent/Guardian 1

Full Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: (home) _____ (cell) _____ Email: _____
Place of Employment: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Work Telephone: _____

Parent/Guardian 2

Full Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: (home) _____ (cell) _____ Email: _____
Place of Employment: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Work Telephone: _____

Other children in the family:

Name	Age	Living at Home (circle)	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Number of people in your household (including adults): _____

(Continued on following page)

(Continued from previous page)

Income Information

Gross Monthly Family Income: \$ _____

Additional Income:

Welfare AFDC: \$ _____

Child Support: \$ _____

Support from Spouse: \$ _____

Social Security: \$ _____

Income from 2nd Job: \$ _____

Other Income: \$ _____

Total Additional Income: \$ _____

Total Monthly Income \$ _____

Reason for Need

Briefly explain the reason for your request below:

Parent/Guardian Signature: _____ Date: _____