



THE BRANDYWINE AND RED CLAY VALLEY ASSOCIATIONS'



SUMMER CAMP SCHOLARSHIP APPLICATION

Please Note: A \$10.00 application fee per family is required. If your child/children are not selected for the program the fee will be refunded.

Please answer all questions completely and be as specific as possible. Print (in ink only) or type. Complete a separate application for each participant. Scholarships are awarded on the basis of need and all answers will remain confidential. If you need assistance completing this form, please call the office at (610) 793-1090. **Application Deadline: May 16, 2008**

Today's Date: _____ Your Name: _____

Name of Child Participant: _____

Age of Child: _____ Birth Date of Child: _____

Has your child participated in BVA/RCVA camp programs before? _____

Has your child received a BVA/RCVA camp scholarship before? _____ Year _____

Mother's/Guardian's Name: _____ Occupation: _____

Father's/Guardian's Name: _____ Occupation: _____

Address: _____

(Street)

(Apt.)

(City)

(State)

(Zip)

Phone (Home): _____ (Work): _____

Child's T-shirt size (circle one): Child: Small (6-8), Medium (10-12), Large (14-16)
Adult: Medium, Large, X-Large

Name and cost of program(s) child would like to attend:

Name of Program

Cost

Total Cost: _____

The BVA and RCVA do not provide transportation for your child during this program. Can you provide, or arrange for, reliable transportation for your child to attend the summer program(s)? _____

Number of people in family: _____ Adults _____ Children (18 & under)

Combined annual income of family members (check one):

_____ Below \$15,000 _____ \$15,000-\$25,000 _____ \$25,000-\$35,000
_____ \$35,000-\$45,000 _____ \$45,000-\$55,000 _____ Over \$55,000

Amount of assistance requested to send child to program(s): _____

Can you afford a partial payment? _____ If so, in what amount? _____

Answers to the following questions are particularly important to the Scholarship Committee. Your application will not be considered unless all questions are answered thoroughly.

Other activities your child will be involved in over this summer (Please be specific!):

Please describe why you would like to send your child to the program(s) at the Myrick Conservation Center.

Please explain why you feel you are in need of assistance for your child to attend the summer youth program(s). Please be as specific as possible and include any unusual circumstances that the scholarship committee should be aware of (e.g., several children in the family would like to attend camp; you have a child in college; low income, medical bills; etc.) Feel free to use additional paper if needed.

I give permission for photographs of my child to be taken for publicity purposes. Please circle one: Yes No

Are you applying for scholarships for more than one child? If yes, give name(s) of the other child(ren). _____

Your signature _____

You will be notified of scholarship decision within 4 weeks of receipt of this application.

Return this form with summer camp registration form to:

Summer Camp Scholarship Fund – Confidential
Brandywine and Red Clay Valley Associations
1760 Unionville-Wawaset Road
West Chester, PA 19382

APPLICATION DEADLINE: May 16, 2008

Questions or Concerns?

Call (610) 793-1090, Fax (610) 793-2813 or E-Mail water@bva-rcva.org

.....
FOR OFFICE USE ONLY

Review Date: _____

Scholarship Awarded: _____

To Be Paid by Applicant: _____

Total: _____

Approved By: _____