

Scholarship Application

Fort Hope Summer Day Camp

Name of Participant

Parent/Guardian Phone #

Name of Parent/Guardian

Parent/Guardian Email

Has your child ever been to a summer camp before?

Yes

No

Tell us how your child could benefit from this camp:

Please let us know your circumstances regarding your need for financial support. Include pertinent information such as your annual income, household number, and if you receive government aid/discounts.

The majority of scholarships are for \$100 which covers a portion of the Registration Fee.

Would this be adequate assistance for your child to be able to attend?

Yes

No

Please return this form with your Registration Form and Deposit.

plloomis@hotmail.com

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