



# KIDZ KAMP SCHOLARSHIP APPLICATION

APPLICATION MUST BE TURNED IN WHEN YOUR STUDENT SIGNS UP FOR THE CAMP. PLEASE PRINT CLEARLY.  
MUST BE FILLED OUT COMPLETELY OR WILL NOT BE CONSIDERED

PARENT'S PERSONAL INFORMATION:

FATHER'S NAME: \_\_\_\_\_  
*FIRST MIDDLE LAST SUFFIX*

MOTHER'S NAME: \_\_\_\_\_  
*FIRST MIDDLE LAST*

ADDRESS: \_\_\_\_\_  
*STREET CITY, STATE ZIP*

| NAME OF EACH STUDENT REQUESTING SCHOLARSHIP FOR | CURRENT GRADE AND SCHOOL ATTENDING | CITY, STATE | IS THIS THEIR FIRST TRIP WITH US? |
|-------------------------------------------------|------------------------------------|-------------|-----------------------------------|
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|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

FATHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_

AMOUNT OF SCHOLARSHIP HELP REQUESTED: \_\_\_\_\_

PLEASE LET US KNOW WHAT YOU NEED SO WE MAY HELP AS MANY STUDENTS AS POSSIBLE

REASON(S) SCHOLARSHIP HELP IS NEEDED FOR YOUR STUDENT(S) \_\_\_\_\_

\_\_\_\_\_

WHAT OTHER CAMP(S) IS YOUR STUDENT IS ATTENDING THIS YEAR? \_\_\_\_\_

ARE YOU A MEMBER OF TLC? \_\_\_\_\_

IF YES, WHEN DID YOU JOIN? \_\_\_\_\_

IF NO, HOW LONG HAVE YOU BEEN ATTENDING: \_\_\_\_\_

DO YOU PLAN TO JOIN TLC? \_\_\_\_\_

**\*\*NO SCHOLARSHIP APPLICATION IS COMPLETE WITHOUT THE \$50 DEPOSIT REQUIRED PER STUDENT\*\***

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

I BELIEVE THE ABOVE TO BE COMPLETE AND TRUE

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

YOU WILL BE NOTIFIED BY EMAIL ABOUT THIS STATUS