The Pines Catholic Camp

Camp Angel Summer Camp Scholarship Application

BUSINESS OFFICE • 3530 FOREST LN. STE 48 • DALLAS, TEXAS 75234 • (214) 522-6533

The Pines Catholic Camp is dedicated to providing an exciting and spiritual summer camp experience to as many children as possible. The Camp Angel Scholarship program raises funds throughout the year. Scholarships are awarded on the basis of financial need and are subject to funds available. ***Priority will be given to applicants who have not received past scholarships.*** *In order to assist as many families as possible, only partial scholarships are awarded in most cases.*

The remaining balance is the responsibility of the applicant and must be paid in full before a camper may attend camp. If the awardee is unable to pay the remaining balance, the scholarship will then be given to the next eligible applicant.

Instructions

1. Apply for camp using the registration packet available at **www.ThePines.org**
2. Summer Camp scholarships are reserved for any of the weeks below. Check the session that best accommodates your schedule and your camper's age:

❑ **Week 1:** June 6 - 12, Ages 7-12 ❑ **Week 4:** June 27 - July 2, Ages 7-16 ❑ **Week 7:** July 18 - 24, Ages 7 to 16

❑ **Week 2:** June 13 - 19, Ages 7 - 16 ❑ **Week 5:** July 4 - 10, TEENS ❑ **Week 8:** July 25 - 31, Ages 7 to 16

❑ **Week 3:** June 20 - 26, Ages 7 - 16 ❑ **Week 6:** July 11 - 17, Ages 7 - 16 ❑ **Week 9:** Aug 1 - 7, Ages 7 to 16

❑ **Service Work Week:** June 13 - 19, Ages 13 to 16 (participants must be rising 8th, 9th or 10th graders)

❑ **CIT:** July 18 - 31 (must complete CIT application, applicants must have completed 11th grade)

❑ **Lead 10/11:** June 27 - July 2 (For those who have completed 10th grade)

3. Complete this form in its entirety and submit postmarked by April 15, 2010. (Recipients will be notified beginning May 10, 2010.)
4. Enclose copies of your most recent federal tax return or combined family W-2 forms. Proof of income must be submitted in order to receive funds.

Name of child

Date of birth / / ❑ Male ❑ Female

Parents(s)/Guardian(s) Day ( ) Night ( )

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Address

City State Zip

Total family size Total household income last year $

Does the applicant receive or do they qualify for free/reduced meals at school? ❑ Yes ❑ No

Amount parent(s)/guardian(s) is/are able to pay $ Total scholarship requested $

Please give a brief description of why you are applying for a scholarship:

I have read and completed all sections of this application and the information provided is correct. I am submitting both my camp registration forms and scholarship application for your consideration. **I am also providing you with copies of my documentation for proof of income.**

Signature of Parent/Guardian

Print Name Date

FOR OFFICE USE ONLY

Camper Name

Date received / /

Amount requested Amount awarded Initials