



# Discovery Adventure Camp Scholarship

**To be completed by Parent or Guardian:**

**Camp Dates:** From \_\_\_\_\_ To \_\_\_\_\_

Youth's Name \_\_\_\_\_ /Age \_\_\_\_\_

Youth's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camperships are given to families with various needs including unemployed head of household, medical hardship, low-income family, etc.

Approximate Household Income:    under \$20,000    \$20,001-\$30,000    \$30,001-\$40,000    \$40,001 or more

Does your child receive either free or reduced lunch at school?   Yes    No

Please provide a narrative to explain why this experience of attending a Discovery Day Camp program would benefit your child (ren)

Please describe reason for requesting financial assistance. Include any circumstances we should be aware of and take into consideration.

Each year, Northern Star Scouting raises funds to support the financial assistance program. Feedback shows that donors are more likely to continue to support the program if they receive a thank you note. We encourage you and your child (ren) to write a thank you note describing what the program experience has meant to your family so we can continue offering support into the future.

Total Camp Fee:            \$ 350.00

Amount Youth Will Pay:    \$ \_\_\_\_\_

Amount Requested:        \$ \_\_\_\_\_ (up to 50% of the total fee)

By checking this box, I hereby certify that our circumstances currently reflect our financial need as accurate.

Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's email address to send confirmation to: \_\_\_\_\_

**Confirmation will be emailed to the parent. Retain a copy of your confirmation & bring with to camp. Email request to [kburbank@northernstar.org](mailto:kburbank@northernstar.org)**