

**OLD FRONTIER CAMP SCHOLARSHIP APPLICATION**

Parent or Guardian \_\_\_\_\_

\_\_\_\_ Married      \_\_\_\_\_ Single      \_\_\_\_\_ Separated      \_\_\_\_\_ Divorced

\_\_\_\_ Total number of people in household

Ages of each member of household 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_

7\_\_\_\_ 8\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

School your child attends: \_\_\_\_\_

For each household member with any type of income, give each and every source of income including but not limited to alimony, child support, and job income.

First Name \_\_\_\_\_

Employed by or Source of Income \_\_\_\_\_ monthly income \$ \_\_\_\_\_

First Name \_\_\_\_\_

Employed by or Source of Income \_\_\_\_\_ monthly income \$ \_\_\_\_\_

First Name \_\_\_\_\_

Employed by or Source of Income \_\_\_\_\_ monthly income \$ \_\_\_\_\_

First Name \_\_\_\_\_

Employed by or Source of Income \_\_\_\_\_ monthly income \$ \_\_\_\_\_

First Name \_\_\_\_\_

Employed by or Source of Income \_\_\_\_\_ monthly income \$ \_\_\_\_\_

First Name \_\_\_\_\_

Employed by or Source of Income \_\_\_\_\_ monthly income \$ \_\_\_\_\_

Please state any other information that is applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acknowledgement:

I hereby attest that the above information is an accurate representation of all sources of family/individual income; that I authorize The Old Frontier to verify the above information as needed; and that The Old Frontier has the right to reject applications, to limit, restrict, exclude or cancel privileges as it deems necessary and without recourse from me.

Signature of Parent/legal guardian: \_\_\_\_\_ date \_\_\_\_\_

As parent/legal guardian, I do take responsibility to make sure the necessary forms needed to attain assistance for The Old Frontier camp program are completely and truthfully completed and returned to the appropriate parties. Should child not receive full scholarship, I accept and understand I will be responsible for my payment plan. I understand that failure to uphold my payment arrangement will result in my child being suspended or rejected from the camp program.

Signature of Parent/legal guardian: \_\_\_\_\_ date \_\_\_\_\_