

CAMP SCHOLARSHIP* APPLICATION

Hard of Hearing Children

Children

Please use one form per camper. You may also apply online at www.campsertomaclub.org.)

All applications for camp assistance are strictly confidential and are due by June 1, 2025.

	Age:
	(s):
	Zip Code:
	Evening Phone:
Email address:	Father's occupation:
wother's occupation:	ratner's occupation:
Please circle family size and o	heck gross monthly income:
Total number of fam	ily members (include individual making request): 1 2 3 4 5 6 7 8 9
Total family income:	□ under \$15,000 □ \$15,000 to \$24,999 □ \$25,000 to \$34,999 □ \$35,000 to \$49,999 □ \$50,000 to \$74,999 □ \$75,000 to \$99,999 □ over \$100,000
Potential number of	family members attending camp:
	ed a full or partial campership to attend Camp Sertoma before? If yes, list amount and year(s) received
Total amount of camp scholar	rship requested: \$
Has the camper's application	deposit fee (\$50 per child) been paid? □ Yes □ No
	request and how you expect your child to benefit from a camping experience. rate sheet of paper, if necessary.)
	Signature of Person Completing Form
*A Camp Scholarship is also	sometimes referred to as Tuition Assistance, Financial Aid or a Campership.
Please note that full tuition f	or the 2025 camp is \$575 per camper. If you have paid the application fee of \$50, the maximum is \$525 per camper. Scholarships can only be used to assist with tuition fees and cannot be granted
	stance is granted based on the information provided. Please be advised that there is no guarantee offered, that it will be in the full amount requested. Each application will be reviewed individually, e contacted accordingly.
	FOR OFFICE USE ONLY –
Cabalanahin America A	
Scholarship Amount Award	ed: Authorized By: