

2017 Scholarship Application Form

Company B Summer Day Camp and SPACC

ALL INFORMATION COLLECTED FOR FINICIAL ASSISTANCE IS CONFIDENTIAL.

The H. Edward Bilkey Memorial Scholarship Fund of St. Thomas Playhouse and the Campfire Foundation offer financial aid based on economic need.

We offer partial scholarships and payment plans. Due to great demand and limited resources, it is important that you provide us with your complete financial picture for full consideration. Please use one form per student. **St. Thomas Playhouse reserves the right to request more finical information.**

Scholarship Deadline: May 1, 2017

Please complete:

Co. B and/or SPACC registration form for each camper

Scholarship application for

Return to:

St. Thomas Playhouse Outreach & Education Department at
P.O. Box 1070, Sun Valley, Idaho 83353 or you may fax forms to (208) 726-7570.
If you have any questions, please call Sara at (208) 726-5349 ext. 16.

Student's Name: _____ School: _____

Birthdate: _____ Age: _____ Gender: M/F _____

Parent/Guardian: _____ Relationship to student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Day Phone: _____

Cell: _____ E-mail Address: _____

Programs you are applying for:

Co. B Summer Camp (June 12-24) SPACC (June 26-July 1) Co. B 2 Summer Camp (August 7-18)

Financial Summary:

Please include BOTH mother, father's and/or guardian's income information

Mother's Employer(s): _____ Phone: _____

Father's Employer(s): _____ Phone: _____

Total Household Income (fill in one column per applicable income type):

	Weekly	Monthly	Annually
Wages/tips/commissions:	_____	_____	_____
Grants/scholarships:	_____	_____	_____
Alimony:	_____	_____	_____
Child Support:	_____	_____	_____
Other:	_____	_____	_____

Names & Ages of All Household Members:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Please have child or youth write a brief essay about why he/she would like to attend camp on a separate page.

Please explain any special circumstances/expenses you currently have (large medical bills, family member(s) in college, legal proceedings, etc.):

I confirm that the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY-PLEASE DO NOT WRITE IN THIS BOX.

Received _____ Payment Received _____

Sent to committee _____

Approved _____ Amount \$ _____