



SCHOLARSHIP APPLICATION

Greetings! Thank you for your interest in The Keys 2 Life Performing Arts Summer Camp! It is part of our mission to be accessible to youth of all financial backgrounds. Our ability to give financial aid is a critical part of ensuring the success of the organization. We encourage you to ask for assistance if you need it.

Directions: Fill out this form, one for each camper/student for whom you are applying. Sign and send in the form with your program application. You may be contacted for a follow-up phone interview.

Contact Information

Name of camper/student: _____

Name of Parent/Guardian filling out this form: _____

Name of second Parent/Guardian (if applicable): _____

Primary Email: _____

Primary Phone: _____

Address: _____

Street

City

State

Zip

Family/Income Information

1. Do you participate in the free lunch program at your school?

Yes

No, we don't qualify

No, my school doesn't have that program

2. What is the annual income of your family? _____

3. How many dependents are in your family? _____

4. Are you a single-income family? Yes No

5. Does the child for whom you are applying receive child support? Yes No

6. Please explain any extenuating circumstances related to your financial need? (100 words or less):

I verify that all the information I have provided in this document is true to the best of my knowledge.

X _____
Your signature Date