

Scholarship Application Instructions



CAMP KROC SCHOLARSHIP PROGRAM

The Salvation Army Kroc Center offers a scholarship program to help provide greater access to our summer day camp. Our mission is to share the love of Jesus Christ by providing life-changing spiritual, educational and wellness experiences.

Please read carefully and follow the instructions below to complete your scholarship application. **Incomplete scholarship applications will not be reviewed.**

1. Please read the scholarship agreement on the reverse side of this page.
2. Scholarships are applied to **the entire summer** and do not apply to extended care, specialty camps, or other services or fees. Awards may vary based on availability. The Kroc Center does not grant 100% scholarships.
3. Attach all copies of income verification to the application. Acceptable forms of income are listed on the reverse side of this page. **All members of the household aged 18 or older must show proof of income** to be considered for a day camp scholarship. The Kroc Center does not make copies of income information for safety and security purposes. Income information submitted to the Kroc Center will not be returned.
4. You may drop off your completed, signed application and copies of income verification/support materials in a sealed envelope at The Kroc Center Welcome Desk. Or, mail those documents to:

The Salvation Army Kroc Center
Attn: Day Camp Supervisor
1250 W. 119th Street
Chicago, IL 60643

5. Applications are reviewed and processed once a year. Due to the number of applications received, **we are unable to return phone calls regarding application status.** Notifications of scholarship award are sent via email.

APPLICATION DEADLINE

DEADLINE TO APPLY: JUNE 1, 2022

Notifications of scholarship award are sent via email.

Scholarships available on a first come first serve basis until funds are depleted.

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

REVIEWED BY: _____

DATE NOTIFIED BY EMAIL: _____

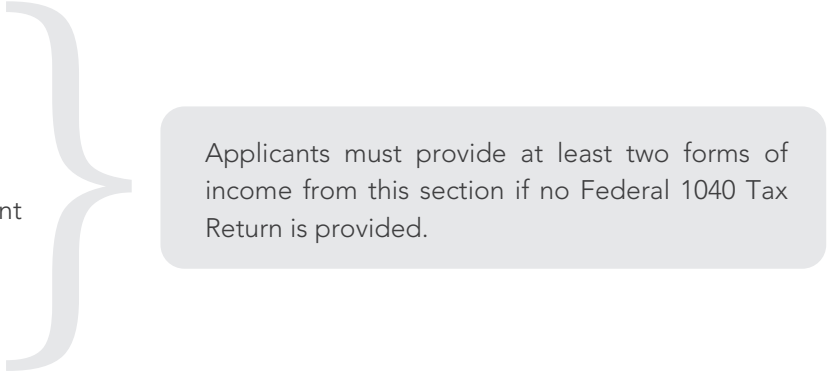
INITIAL: _____

Scholarship Agreement

Applications that do not have at least one proof of income per adult living in the household and applications that do not include the accepted forms of income as deemed by the Day Camp Supervisor will not be reviewed.

1. The following are accepted forms of income verification for the scholarship program:

- Front page of most recent Federal 1040 tax return (preferred form of income verification)
- Two most recent pay check stubs
- Social Security income benefit statement
- Unemployment benefit statement
- Disability income benefit statement
- Public assistance income benefit statement
- Child support income
- Alimony income
- Foster care income



Applicants must provide at least two forms of income from this section if no Federal 1040 Tax Return is provided.

The following are NOT acceptable forms of income verification for the scholarship program and will not be considered:

- Bank statements
- Food stamp income
- Single pay check stub (must provide at least two)
- Personal letters

2. Any information found to be fraudulent will result in loss or denial of scholarship award.

3. Completion of application does not guarantee assistance. Camp scholarships will be awarded based on eligibility, funding, timeliness, completion of supporting information and availability.

5. Award recipients must respond before the registration deadline of desired weeks to accept their scholarship award and register for camp. Extended care requires registration and is available at an additional cost, not covered by scholarships.

6. All scholarships are confidential. Applicants agree to refrain from discussing awards with others.

CONFIDENTIAL

CAMP KROC Scholarship Application

This application and required income documentation are confidential information and will be used only for scholarship recommendations by the Camp Kroc Day Camp Supervisor. Please read all the information on this form and fill in all of the blanks. Incomplete requests will not be processed.

ALL INFORMATION REQUIRED.

PRIMARY ADULT INFORMATION

PARENT/GUARDIAN OF CAMPER IS A: NON-MEMBER MEMBER #

ARE YOU CURRENTLY RECEIVING A SCHOLARSHIP FOR MEMBERSHIP? YES NO

PARENT/GUARDIAN'S NAME _____ MALE FEMALE

MAIN PHONE _____ ALT PHONE _____

EMAIL BIRTHDATE (MM/DD/YY) _____

HOUSEHOLD INFORMATION TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

REQUIRED INCOME INFORMATION

Please attach current documents to verify income. Applications without proof of income will not be processed. The following are accepted as proof of income:

PREFERRED: Federal 1040 tax return. If no Federal 1040 tax rerun is provided, **TWO** of the following must be submitted:

- Two most recent pay check stubs
- Social Security income benefit statement
- Unemployment benefit statement
- Disability income benefit statement
- Public assistance income benefit statement
- Child support income
- Alimony income
- Foster care income

Please list ANNUAL amounts for all categories in which **ANY household member** receives income:

PRIMARY ADULT - TOTAL ANNUAL GROSS WAGES: \$ _____

ADDITIONAL ADULT(S) AGED 18+ TOTAL ANNUAL GROSS WAGES: \$ _____

UNEMPLOYMENT: \$ _____ ALIMONY: \$ _____

SOCIAL SECURITY: \$ _____ CHILD SUPPORT: \$ _____

DISABILITY INCOME: \$ _____ FOSTER CARE: \$ _____

PUBLIC ASSISTANCE: \$ _____ VA BENEFITS: \$ _____

FOOD STAMPS: \$ _____ OTHER INCOME: \$ _____

TOTAL ANNUAL GROSS INCOME: \$ _____

This application and required income documentation are confidential information and will be used only for scholarship recommendations by the Camp Kroc Day Camp Supervisor. Please read all the information on this form and fill in all of the blanks. Incomplete requests will not be processed.

Please list all of your household expenses:

RENT: \$ _____ INSURANCE: \$ _____

UTILITIES: \$ _____ CHILD SUPPORT: \$ _____

FOOD: \$ _____ CAR PAYMENTS: \$ _____

PHONE: \$ _____ OTHER: \$ _____

CREDIT CARD PAYMENTS: \$ _____ OTHER: \$ _____

TOTAL EXPENSES: \$ _____

CONFIDENTIAL

CAMP KROC Scholarship Application



DAY CAMPER INFORMATION

TOTAL NUMBER OF CAMPERS: _____

CAMPER 1: FULL NAME	<input type="radio"/> MALE <input type="radio"/> FEMALE
BIRTHDATE (MM/DD/YY)	RELATIONSHIP TO PRIMARY ADULT
CAMPER 2: FULL NAME	<input type="radio"/> MALE <input type="radio"/> FEMALE
BIRTHDATE (MM/DD/YY)	RELATIONSHIP TO PRIMARY ADULT
CAMPER 3: FULL NAME	<input type="radio"/> MALE <input type="radio"/> FEMALE
BIRTHDATE (MM/DD/YY)	RELATIONSHIP TO PRIMARY ADULT
CAMPER 4: FULL NAME	<input type="radio"/> MALE <input type="radio"/> FEMALE
BIRTHDATE (MM/DD/YY)	RELATIONSHIP TO PRIMARY ADULT

Please provide any other information which you feel may be important in determining your scholarship eligibility:

IMPORTANT

APPLICANT ACKNOWLEDGMENT

Please sign as acknowledgment of your understanding and acceptance of the Camp Kroc Scholarship Application (on attached page).

PRINT NAME _____

SIGNATURE _____ DATE _____