



**Kirkwood Camp and Conference Center
Application for Scholarship for Summer Camp**
www.kirkwoodcamp.org

Presbytery Contact Information:
915 E. Gowen Avenue
Philadelphia, PA 19150
Kirkwood@presbyphl.org
215-242-1400

Kirkwood Camp Contact Information:
RR 14 Box 7507
Stroudsburg, PA 18360
jtrigg@presbyphl.org
570-421-8625

Scholarships: Limited funds are available for partial reduction of camping fees, based on need. Accordingly, financial information about the family is required for consideration for a scholarship. All personal financial information is held in strictest confidence, and is used only for the purpose of consideration for scholarship.

Instructions: Be sure to complete every question. Any form not completely filled out will be returned. Attach copies of your completed 1040; 1040A, or 1040EZ tax form and W2, for the year 2010, and the most recent pay stub for each parent. Please complete a Camp Kirkwood registration form for each child and return with this form. Failure to complete this form and/or submit income documents renders this application null and void. **YOU ARE REQUIRED TO COMPLETE THE STATE OF PA SUMMER FOOD INCOME ELIGIBILITY APPLICATION.**

Scholarship Application

This form must be filled out completely. Otherwise, the application may be denied. Please state any extraordinary expenses or circumstances of information that might be pertinent to this scholarship application. This and any statements from outside persons should be provided on a separate sheet and attached to this application.

Application Date _____

Mother's Information:

Name: _____

Home Phone: _____ e-mail: _____

Home Address: _____

Town: _____ State: _____ Zip: _____

Occupation: _____

Employer's Name: _____ Phone: _____

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Church You Attend: _____ Are you an Active member? YES / NO

Pastor's Name: _____ Phone #: _____

What portion of the camp fee can you afford to pay? _____

Father's Information:

Name: _____

Home Phone: _____ e-mail: _____

Home Address: _____

Town: _____ State: _____ Zip: _____

Occupation: _____

Employer's Name: _____ Phone: _____

Church You Attend: _____ Are you an Active member? YES / NO

Pastor Name: _____ Phone #: _____

What portion of the camp fee can you afford to pay? _____

Financial Information:

Parental Financial Information:

Mother's Annual Income: \$ _____ Father's Annual Income: \$ _____

All Other Income Sources:

Annual Social Security Benefit: \$ _____ Annual Child Support: \$ _____

Annual Alimony Income: \$ _____ Trust/Inheritance Income: \$ _____

Unemployment Compensation: \$ _____ Retirement Income: \$ _____

Business Income: \$ _____ Annual Military Benefits: \$ _____

Other sources of Income: \$ _____ Income of other adults in home: \$ _____

Total Household Income for 2010: \$ _____

Family Information:

Number of members in family unit living at home: _____ Adults _____ Children _____ Total

Names of children needing: _____

Name child 1: _____ Gender: Male/ Female

Child's Age _____ School & Grade _____

Session(s) the Camper wishes to attend: _____

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Name child 2: _____ Gender: Male / Female
Child's Age _____ School & Grade _____
Session(s) the Camper wishes to attend: _____

PLEASE READ AND SIGN:

The total number of persons in the household, dependents, gross annual income, and circumstances determine funding for Kirkwood Camp. Kirkwood awards are granted in partial amounts of the fees, based upon a sliding scale. Because Kirkwood's primary funding comes from donations, there are limited funds available. Incomplete applications will not be reviewed. Any awards granted for the current year are not guaranteed for any future years.

I attest that all of the information contained in this application is true and accurate. If information is proved to be false at any time, all Kirkwood compensation is to be paid back to Kirkwood Camp.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

PLEASE BE SURE TO ATTACH ALL REQUIRED DOCUMENTS.

Awards are made on a first come, first served basis.

For Office use only:

Date Reviewed: _____ Reviewed by: _____

Number of Children : _____ Approved : _____ Denied: _____

Total amount awarded: _____

Comments: _____

Signature of Approval: _____ Date: _____