

2020 Watch City Camp Scholarship Request Form

Please fill out all of the following information and submit this form along with a completed Camp Application with your requested summer weeks. If you register online, please mail, drop off, fax or email this form and a copy of your 2019 tax return to the Club prior to June 5th.

Email contact: awright@walthambgc.org Fax: 781-894-5770

Please Note. All scholarship applicants must submit a \$25-dollar deposit per week requested. That the balance of each week must be paid in full prior to the start of each camp week.

SCHOLARSHIP APPLICTION DEADLINE IS FRIDAY JUNE 5, 2020. Applications will NOT BE ACCEPTED after the deadline.

THIS APPLICATION MUST BE ACCOMPANIED WITH A COPY OF YOUR 2019 TAX RETURNS IN ORDER TO BE PROCESSED. Incomplete forms will not be accepted.

Once all required information is submitted, the results and the amount of the allocation will be released on **June 12th**, if applicable. You are responsible for the balance of any camp fees above the scholarship amount. *Parents who obtain childcare vouchers do not qualify for the summer camp scholarship.*

Parent(s)/Legal Guardian(s) Name(s):

Address:		City:	Zip:
Primary Phone #:	Alternate #:	Email:	
		CIAL INFORMATION: tion must be completed)	
Family Size:	Number of Children:		
Name(s) & Age(s) of all childre	en including those not participatir	ng in summer camp:	
Number of children requesting	g for scholarship:		
Child's Name: 1)		Child's Date of	Birth:
Child's Name: 2)		Child's Date of	Birth:
Child's Name: 3)		Child's Date of	Birth:
List total yearly household inc \$	ome received from salaries, wages	s, alimony, child support, social sec	curity, disability etc.
Number of people living in ho	pusehold being supported by this	income? Adults Child	lren (18 and under)
	<u>CO1</u>	<u>NSIDERATIONS</u>	

Are there any special circumstances that need to be taken into consideration? Please explain (if applicable):