

GARDEN GUARDIANS SCHOLARSHIP APPLICATION

CONFIDENTIAL

Camper's name: _____ School: _____ Scholarship before/when: _____

Name of Parent/Guardian: _____ Occupation: _____

Phone number: _____ Email: _____

Number of family members dependent on total family income: Adults: _____ Children under 18: _____

ELIGIBILITY-CIRCLE ONE CATEGORY BELOW

I. Family Income

Number in household	1 Person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
Income	\$19,320	\$26,130	\$32,940	\$39,750	\$46,560	\$53,370	\$60,180	\$66,990
Check one if it applies								

II. Family receives public assistance – Check one if it applies

Social Security		AFDC		Medicaid		Disability	
Unemployment		Food Stamp s		Medicare		Other	

Why does your child/family need a camp scholarship? (i.e. financial, physical, medical, extreme family circumstances, etc.) Please indicate why you would like your child to receive a Garden Guardians summer camp scholarship. This information will be held in confidence and will only be used to assist the scholarship committee in their selections. **Please indicate family income if not indicated above.** (Use additional paper if necessary.)

Total Camp fee = \$125 How much could you pay? _____

The above information is accurate to the best of my knowledge.

Signature

Date

This portion is to be completed by Albuquerque Garden Center Guardian Guardians Day Camp

Date Received _____ *Amount Received* _____