



**CATHOLIC CHARITIES BUREAU
CAMP I AM SPECIAL
DIOCESE OF ST. AUGUSTINE
JACKSONVILLE REGIONAL OFFICE**



Date: _____ Camp Season: 2018 Summer Camp

Full name of person completing the form:		Contact phone number: ()
Camper First Name:	Camper Last Name:	Camper Date of Birth:
Camper home address:	City:	State: Zip Code:
County of residence:	Camper Education: Last Grade Completed:	Housing Status: Lives: <input type="checkbox"/> alone <input type="checkbox"/> with family <input type="checkbox"/> in a group home

Please provide details as to your situation which necessitates requesting a scholarship. Understanding why you need the assistance will help the Review Committee to make a decision. Use additional sheet as needed.

Additional Questions:

- Religion/Faith: Catholic Non-Catholic Prefer not to answer
- Do you receive assistance from other agencies for Camp? Yes No
If yes, please describe: _____
- Amount assistance are you requesting: \$ _____
- Amount you are able to pay toward Camp: \$ _____
When you are able to pay (a date): _____
- Very few full scholarships are available. If you do not qualify for a full scholarship, are you able to pay partial tuition for your Camper to attend Camp? Yes No Amount: _____
If no, I understand I will be put on a wait list until resources are obtained Yes No N/A

By my signature below, I:

- Affirm that the information on this intake form is true.
- Voluntarily consent to receive scholarship.
- Understand that upon review, additional documentation may be needed related to household expenses and that a phone conversation may be needed for clarification.
- Understand my camper's placement is contingent upon scholarship funds available.
- Understand to be considered for a scholarship, all paperwork must be turned into Camp by the deadline.
- Acknowledge it is my responsibility to pay deposit and attend session dates my camper is scheduled for

Applicant/Guardian Signature: _____ **Date:** _____

FOR AGENCY USE ONLY/CLOSING SUMMARY

Amount of scholarship requested: _____ Amount granted: _____
 Reason no scholarship granted: _____
 Session Assigned: 1 2 3 4 5 6 7
 Date of full payment: _____ CASH CREDIT CARD CHECK OTHER: _____

Signature of Review Committee: _____ Date: _____