



## Boys' & Girls' Brigade - Scholarship Application

Please complete the information requested in as much detail as possible and return to the Boys' & Girls' Brigade office. This application will be used for determining approval and the amount of financial assistance. ***A photograph and thank you letter will be required upon approval of your scholarship request. All applications requesting assistance for Camp Onaway must be received 30 days prior to the start of the camp of your choice.***

Application Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_

E-Mail: \_\_\_\_\_

***Our scholarship funds are limited and it is our priority that all children have the opportunity to attend one week of camp. Full scholarships will be offered in only the most extreme circumstances.***

	<u>Program Fee</u>	<u>Amount Requested</u>
_____ Brigade Program ( <b>\$47 if paid by June 1st</b> )	\$ 52.00	\$ _____
_____ Camp Onaway - Brigade Member	\$ 230.00	\$ _____
_____ Camp Onaway - Non-Brigader	\$ 300.00	\$ _____
_____ Adventure Camp – Brigade Member	\$ 200.00	\$ _____
_____ Adventure Camp – Non-Brigader	\$ 270.00	\$ _____
_____ Other-Please Describe: _____		

If applying for Camp Onaway financial assistance, which camp do you plan to attend?

- |                    |                     |                                      |
|--------------------|---------------------|--------------------------------------|
| _____ Boys' Camp 2 | _____ Girls' Camp 1 | _____ Leadership Training Conference |
| _____ Boys' Camp 3 | _____ Girls' Camp 2 | _____ Adventure Camp                 |
| _____ Boys' Camp 4 | _____ Girls' Camp 3 |                                      |

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Gross Mo. Earnings: \$ \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Gross Mo. Earnings: \$ \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please list all persons that you support:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List additional monthly income (child support, welfare payments, unemployment, etc.)

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

List any extraordinary family expenses (medical, alimony, educational loans, etc.)

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

Do you: Own or Rent your home? (circle one)

Monthly mortgage or rent payment \$ \_\_\_\_\_

Are you eligible for free or reduced lunches at school? \_\_\_\_\_

Please share your reason for financial assistance or indicate other factors you wish to be considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I understand that all information given to the Boys' & Girls' Brigade will be kept confidential. I understand that the information that I provided will be evaluated to determine whether I qualify for financial assistance.
- I understand that all financial assistance is awarded based on the availability of funds.
- I will make the Boys' & Girls' Brigade aware of any change in my financial status and I understand that I may be requested to complete another financial assistance form.

All of the information I have provided is true and complete, to the best of my knowledge. I understand that any falsification of information requested will forfeit eligibility for any financial assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application as soon as possible to: The Boys' & Girls' Brigade  
P.O. Box 665  
Neenah, WI 54957-0665

You will be contacted by the Boys' & Girls' Brigade in regard to your application. Please remember to include a photograph and thank you letter from your child.

***Space at camp is limited. Your spot is not held until you have submitted all required material. ALL APPLICATONS REQUESTING ASSISTANCE FOR CAMP ONAWAY MUST BE RECEIVED 30 DAYS PRIOR TO THE CAMP STARTING DATE.***

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Onaway Camp Fee:	\$ _____	Brigade Program Fee:	\$ _____
Amount Family Will Pay:	\$ _____	Amount Family Will Pay:	\$ _____
Financial Assistance:	\$ _____	Financial Assistance:	\$ _____
Date Entered on Camp Sheet:	_____	Date Entered on Brigade Form:	_____

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Program Leader: \_\_\_\_\_ Date Notified Family: \_\_\_\_\_