



CAMP SCHOLARSHIP APPLICATION

PART 1 – FAMILY INFORMATION (If social worker or agency is filling in this application use Parent 1 for your contact information & check off that this is so:

CAMPER:

Name: _____ ***Age:*** _____
Foster care (y/n) _____ ***Adoptee (y/n)*** _____

Parent/Guardian 1 – Main Contact for scholarship purposes: (parent ___/soc worker ___)

Name

Home Phone: _____ ***Cell:*** _____ ***E-mail:*** _____

Address:

City _____ ***State*** _____ ***Zip*** _____

Parent/Guardian 2: (only if social worker/mentor fills in above)

Name

Home Phone: _____ ***Cell:*** _____ ***email:*** _____

Address:

City _____ ***, State*** _____ ***Zip*** _____

No of people in household _____ ***No of Children*** _____

Gross Family Income (including wages, alimony, SS, foster care stipend, etc) last calendar year:
(Please list by category & use additional page if necessary. Failure to include this information will nullify the scholarship request)

If there is any other family information that would be helpful for us to know, please attach a page.

PART 2: CHILD & CAMP INFORMATION

Please fill out a "child and camp information" form for each child for whom you are applying

Name of Camper:

Age:

Is this child an adoptee?

Foster child?

Narrative about child (ie., history or social/emotional special needs, that fit the criteria of the Jason Hayes Foundation- use additional page if necessary.) All information will be treated as confidential

Camp Name:

Camp Address:

City

State

Zip

Camp website: _____

Camp program name _____ *Session Dates* _____

Total Cost of Program per session _____ ; *No of sessions attending* _____
(excluding registration, transportation, etc)

Total Amount of Request:\$ _____

Is this camp a non-profit organization? _____

Is the camp providing a reduced fee or scholarship for all or part of a session? _____

How much: _____

If the program is a “for profit” we will require a statement (bill) from the camp if the scholarship is granted, and before a check is issued, stating that the funds are for a scholarship for the named camper and if there is a reduced fee .

What are the program goals of the camp?

Is this a camp specifically for children with behavioral, social and/or emotional difficulties? Explain:

*Explain why this camp or program is a good fit for the child and how he/she will benefit from attending:
(use additional page(s) if necessary)*

Assuming the scholarship will not pay for the entire cost of the program, are there other means to pay for the remainder of the cost? Please explain fully including all other scholarships and organizational contributions:

Please detail other organizations where requests have been made:

Please add anything else that you feel may be relevant to our decision: (use additional page if necessary)

A LETTER OF SUPPORT FOR THE STUDENT TO ATTEND THE SPECIFIC CAMP OR PROGRAM FROM A SOCIAL WORKER, PROGRAM DIRECTOR OR MENTOR ORGANIZATION IS REQUIRED!!! PLEASE ATTACH OR IF SENT UNDER SEPARATE COVER PLEASE INDICATE THIS. NO APPLICATION WILL BE COMPLETE WITHOUT THIS.

Mail complete application with additional pages to:

Dot Hayes, c/o Jason Hayes Foundation, 284 Salem St., Medford, MA 02155 or email to dot@jasonhayesfoundation.org. or fax (781) 232-0312

Applications for scholarships for children who are or who have been in the foster care system will be given priority status as will those applying for camps that are specifically tailored for children with behavioral, emotional or other social difficulties

Additional information: (add pages if necessary)