



## Confidential Summer Camp Scholarship Application

Thank you for applying for a BlazeSports Camp Scholarship. Once we have had a chance to review it, we will contact you with our decision. Scholarships are awarded based on financial need, and we hope to turn no child away due to financial need. However, there are a limited number of scholarships available and camp places fill up quickly. Please submit your application as soon as possible.

All areas must be filled out to be eligible for a scholarship. Incomplete applications will not be considered.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

### Gross Annual Family Household Income (Before Taxes):

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Under \$25,000      | <input type="checkbox"/> \$45,000 - \$64,999 | <b>Monthly Expenses:</b> \$ _____ |
| <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$65,000 – \$74,999 |                                   |
| <input type="checkbox"/> \$35,000 - \$44,999 | <input type="checkbox"/> Over \$75,000       |                                   |

**Total Number of Individuals in Household:** \_\_\_\_\_ **Number of Dependents:** \_\_\_\_\_

How much can you afford to pay for each child per session? Whatever you can afford helps us support more low-resourced children coming to camp..

(Total Camp Fees = \$300 )

Amount per camp per child: \$ \_\_\_\_\_



Please provide us with as much detailed information as possible as to why your family should be eligible for a scholarship. Occupation, employment status/history, extenuating circumstances etc., are all details that are helpful in determining scholarship status. **All information is confidential.**

If you have any questions about this form, or need to discuss any aspects of summer camp, please call us at 404-270-2000

I attest that the above information is true and correct to the best of my knowledge. If any information changes after this form is submitted, I will contact BlazeSports staff to amend any material.

X  
\_\_\_\_\_  
Parent/Guardian Signature Printed Name Date

**\*\*Please scan and attach the front page of your federal income tax form (1040 form) or Social Security form from this past year.\*\***