

# 2023 Adventure Camp/Program Scholarship Application Devon Poland Wear Scholarship Fund

Directions: Fill out this form, one for each camper for whom you are applying. Sign and send this form AND verification of participation in the free or reduced lunch program (or other evidence of need) to hkooplin@effinghampd.org or Effingham Park District, 1906 S. Fourth St. Effingham, IL 62401. At this time, we can assist 8 children participating in our summer camp. You may be contacted with questions regarding your application.

Scholarships are available for the program fee only - **It is not for any other expenses the participant may incur.** You must meet the scholarship qualifications in order to apply for assistance. The qualifications are as follows:

- If the participants receives a free lunch at school, you may qualify for a 25% reduction in the tuition fee.

- The participant and parent and/or legal guardian must live within the Effingham Park District.

Name of parent/guardian filling out this form	Name of camper/student	Age
_____	_____	_____
Child's School	Child's Grade (2022/2023 year)	

### 1. Please select the weeks of camp you are requesting assistance for:

- Week 1 (May 30 - June 2)     Week 4 (June 19- 23)     Week 7 (July 10 - 14)     Week 10 (July 31 - Aug 4)
- Week 2 (June 5 - 9)     Week 5 (June 26 - June 30)     Week 8 (July 17 - 22)     Week 11 (Aug 7 - Aug 11)
- Week 3 (June 12 - 16)     Week 6 (July 3, 5 - 7)     Week 9 (July 24 - 28)     Week 12 (Aug 14 - Aug 16)

### Other Program or Baseball/Softball League (fees vary)

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

### 2. Are you able to pay 75% of your child's tuition?

Full Tuition for Adventure Camp is \$160/week.

### 3. Do you participate in the free lunch program at your school?

- Yes                                       No, we don't qualify                       No, my school doesn't have that program

### 4. Is this child a foster child currently in your care?

- Yes                                       No                                       Yes, Adoption is pending.

*I have read the entire document and verify that all submitted information is correct, complete, and accurate. I understand that I am required to pay for 75% of my child's registration fees. If my situation changes, I agree to notify the Effingham Park District within 10 days. If I submit false or inaccurate information, or fail to notify the Effingham Park District of any changes in my financial status, I may be terminated from receiving financial assistance from the Effingham Park District. If I am missing information or have not fully completed all sections of this application, my request will not be processed.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date