 **Camp Sequoia Lake **

 **Hero’s Scholarship**

The scholarship fund has been created to help Active Military Families to help send their children to YMCA Camp Sequoia Lake summer camp. The Hero’s scholarship fund is made possible by contributions from local businesses, individuals and by the Armed Services.

If you or anyone you know would like to make a tax deductible contribution to the Hero’s scholarship fund, it can be sent to the camp office. Please be sure to mark “Hero’s fund” on your contribution.

Personal Information:

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child info:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Entering: \_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_\_\_\_ Years at Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_ Camp: Youth \_\_\_\_\_\_\_\_\_\_\_Session: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Active Military Information:**

Name of Military Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stationed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commanding Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number for commanding officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application requirement:**

A write letter from the parent or child about why they deserve to come to camp, there past experiences or how camp can help them with their future goals. You will need to submit the letter with your application.

**Attention Parent:**

Be sure to fill out this application in its entirely. Applications missing information, including letter requests will be returned. Scholarships will be awarded in march 2018.

**Payment info:**

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVC Code: \_\_\_\_\_\_\_

**By signing this campership application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held responsible for the fees covered by the campership.**

Applicants Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mail to:** YMCA Camp Sequoia Lake

 320 N Akers Street

 Visalia, CA 93291

**YMCA Camp Sequoia Lake**

 **P: 559-624-1110 F: 559-741-9563**

**For Office Use Only**

Date Application was submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verification Date: \_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_

Amount granted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount owed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Applicant Notified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_