

Camp Kooky Scholarship Application

Which week(s) are you applying for a scholarship for? (Circle all that apply)

Week 1

week 2

week 3

week 4

Total cost of attendance: _____ amount of deposit paid: _____

*NOTE: You MUST pay a deposit in order to be considered

Camper's name: _____ age: _____

Parents/Guardians Name(s): _____

Address: _____

Phone #: _____ Cell #: _____

Email address: _____

Siblings:

Name	age	Attending camp Kooky?
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___

Have you attended Camp Kooky before? _____ If yes, when? _____

Have you attended other ICC programs: _____ If yes, what programs? _____

Are both parents living under same roof? Yes ___ No ___

Have you received a scholarship before? Yes ___ No ___

If yes: What year(s)? _____

What is your monthly income before taxes? _____

If applicable, what is your spouse/partner's monthly income before taxes? _____

If we are not able to give a full scholarship would you consider accepting a partial one? Yes ___ No ___

On back of this page briefly outline reasons you feel you need scholarship assistance.

Parent/Guardian Signature: _____ date: _____

Return application to: Island Community Center; PO Box 617; Stonington ME 04681