

# ELMSFORD DAY CAMP

[summercamp@elmsfordny.org](mailto:summercamp@elmsfordny.org)

914-760-1953

## Scholarship Application

**Please note:** *This scholarship application is different than the Financial Aid application. The main difference is that anyone can apply for these scholarships, while FA is only granted to those who meet certain income requirements. If you qualify for FA, we encourage you to fill out BOTH that application along with this one.*

### **CRITERIA and CONDITIONS TO APPLY FOR SCHOLARSHIP:**

*\*Please fill out ONE scholarship application for each camper you wish to apply for the scholarship for.*

*\*Only applicants who are Elmsford residents, and/or Elmsford School district students and/or students at Mount Carmel will be considered for these scholarships.*

*\*The scholarships awarded are part of both Arianna's Camp Sunshine Fund and the Tyler Rush Memorial Foundation. The organizer(s) and founder(s) of each Scholarship Fund will select the candidate(s) with the help of our team as we review the applications, and you will get a letter from each foundation.*

CAMPER NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Grade Entering in Sept. '17 \_\_\_\_\_

School \_\_\_\_\_

Has the child attended summer camp in the past? \_\_\_\_\_

\_\_\_ Yes, Elmsford Day Camp

\_\_\_ Yes, another camp named \_\_\_\_\_

\_\_\_ No camp attendance

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Parent/Guardian Name \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_

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

Is this a one parent, or two parent home? \_\_\_\_\_

# of Campers you plan to register this summer \_\_\_\_\_

Have you registered your children yet? Today's Date \_\_\_\_\_

\_\_\_ *Yes and I have made a payment of* \_\_\_\_\_

\_\_\_ *Yes, but have made no payments*

\_\_\_ *No I have not registered them as of yet.*

**STATEMENT ABOUT CHILD:** Please write a statement explaining why you feel for you child would benefit from attending our Elmsford Day Camp Programs this summer? Please be specific as to what kind of child he/she is, if he/she has any special needs, his/her interests, aspirations, dreams and/or your dreams for him/her. ( Please feel free to attach extra paper or a typed statement. )

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**STATEMENT ABOUT FINANCIAL NEED:** Please use the space provided to explain your family's need for this scholarship. Be as specific as possible, and feel free to include actual income, and/or specific circumstances that have caused a hardship etc. ( Please feel free to attach extra paper or a typed statement. )

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**Please note the following important information before submitting this application:**

**\*Applications can be mailed to Elmsford Camp Scholarship / 15 S. Stone Ave / Elmsford, NY 10523**

**\*Applications will be reviewed equally if they come in by April 3rd, 2017, and afterwards on a basis of remaining availability. Award recipients will be notified if and when they are accepted as openings come up. We intend to notify all scholarship recipients no later than June 1, 2017. If you do not hear from us by then, feel free to send us an email at [summercamp@elmsfordny.org](mailto:summercamp@elmsfordny.org)**

**\*If you receive a financial aid award that is not 100 % of the camp tuition, you may still be awarded the full amount of the scholarship. This is why it is important to submit both applications.**

**I have reviewed the criteria and the important information and I have filled out both the statement about the camper and the financial status truthfully and to the best of my ability.**

\_\_\_\_\_  
Signature of Parent/Guardian of Camper

\_\_\_\_\_  
Date