

# Kay Trust Scholarship Application

Kay Trust has established scholarship funds for the purpose of providing financial assistance to campers age 17 and under who are underprivileged or would otherwise not be able to attend a camp.

❖ ❖ Please print & fill in all sections completely. **Incomplete applications will not be processed.** ❖ ❖  
**Camp Registration Form, appropriate Deposit, and Proof of Income MUST accompany this application. If questions do not apply, you must enter the word "none".**

## CAMPER INFORMATION

Child Requesting Scholarship: \_\_\_\_\_ Child's Age \_\_\_\_\_ Male Female  
*First and Last Name*

Child's School (name): \_\_\_\_\_ Church: \_\_\_\_\_

Camp Name/Date/Cost: \_\_\_\_\_ Camp Name/Date/Cost: \_\_\_\_\_

## AGENCY INFORMATION

Agency Name: \_\_\_\_\_ Address \_\_\_\_\_  
Agency Contact Person: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Agency Contact Person Phone #: \_\_\_\_\_ Other Agency Contact #: \_\_\_\_\_

## PARENTAL INFORMATION

Parent / Guardian (1) Name: \_\_\_\_\_ Address \_\_\_\_\_  
*First and Last Name* City, State, Zip \_\_\_\_\_

Parent (1) Employer: \_\_\_\_\_

Parent / Guardian (2) Name: \_\_\_\_\_ Address \_\_\_\_\_  
*First and Last Name* City, State, Zip \_\_\_\_\_

Parent (2) Employer: \_\_\_\_\_

Marital Status: Single Married Divorced Other (please explain): \_\_\_\_\_

## FAMILY INFORMATION

Total # Family Members in Household: \_\_\_\_\_ # of Dependent Children: \_\_\_\_\_

Other Children in Family? \_\_\_\_\_  
*First and Last Name* Age *First and Last Name* Age  
*First and Last Name* Age *First and Last Name* Age  
*First and Last Name* Age *First and Last Name* Age

see page 2 (over)

## FINANCIAL INFORMATION

Application cannot be processed without a Proof of Income statement (tax forms or final paycheck stubs for last year)

Financial assistance is generally granted for a portion of the total fee.  
Each applicant will be expected to contribute toward their costs to the extent of their ability.

Parent #1 Gross Income last year: \_\_\_\_\_ Fed/State Aid Received last year: \_\_\_\_\_  
Parent #2 Gross Income last year: \_\_\_\_\_ Taxable Investment Income: \_\_\_\_\_  
Child Support Received last year: \_\_\_\_\_ Other Sources not listed: \_\_\_\_\_

Maximum Amount You Will be Able to Share in Cost (after deposit): \_\_\_\_\_

Has This Child Previously Received a Scholarship from Camp Hammer? Yes No  
If yes, what year(s): \_\_\_\_\_ What Camps: \_\_\_\_\_  
Has This Child Previously Received a Scholarship from Twin Lakes Church and/or Kruz Kidz? Yes No  
If yes, what year(s): \_\_\_\_\_ What Camps: \_\_\_\_\_  
Has This Child Previously Received a Scholarship from a Partner Ministry? Yes No  
If yes, what year(s): \_\_\_\_\_ What Camps: \_\_\_\_\_

PLEASE STATE BRIEFLY THE CIRCUMSTANCES MAKING ASSISTANCE NECESSARY:

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

### TWO SIGNATURES AND CONTACT INFORMATION

Signature: (by signing my name, I hereby certify that this information is true, complete, and accurate)

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature: ( Verifying I have attached a copy of my proof of income as requested above): \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

What is the best way to contact you? Phone  Cell  E-mail

Please include all information below to help expedite the processing of your scholarship application:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PROCESSING INFORMATION

Applications are **incomplete** unless all the questions are answered (if questions does not apply, enter the word "none").

Applications are **incomplete** unless the proof of income is attached at the time of submission.

Applications that are **incomplete** are returned to applicant

Applications that are **complete** are processed on a first come, first serve basis