



## SCHOLARSHIP APPLICATION

### CAMP PARTICIPANT INFORMATION

Name:

Date of birth:

Tribe Enrolled to:

Current address:

City:

State:

ZIP Code:

### CAMP PREFERENCE

First Choice:

Second Choice:

Third Choice:

Fourth Choice:

Fifth Choice:

Sixth Choice:

Attach a copy of the camp registration form

### HOUSEHOLD INFORMATION

Parent/Guardian Name:

Address:

City, State, Zip:

Total # of individuals living in the household:

### INCOME ELIGIBILITY

Source	Amount Received Monthly (Gross)	Phone

Does the child receive free or reduced price for the school lunch program? Yes \_\_\_\_\_ No \_\_\_\_\_

Kodiak Island Housing Authority Services? Yes \_\_\_\_\_ No \_\_\_\_\_ List program ( i.e. weatherization, housing, etc.)  
 \_\_\_\_\_

### SIGNATURES

By signing this application I am verifying that the information is true and accurate.

Signature of Parent/Guardian:

Date: