



2012 SCHOLARSHIP APPLICATION

HEROES Camp offers a limited number of scholarships for summer camp that support campers who may need financial assistance. Campers, parents or guardians must exhibit a definite financial need. Full or partial camperships are available. 1 week is the maximum scholarship available.

A complete camper application and camper registration form **must be on file in our office** in order to be considered for a scholarship.

Campers, parents or guardian must exhibit a definite financial need. Consideration will be given to extraordinary expenses such as medical problems, therapy, equipment purchases or other expenses that would place a heavy burden on the individual's ability to pay the fee.

If your child(ren) are on a Medicaid Waiver Program, please contact your Home Health Agency to see if HEROES would be an approved camp. In the past, we have partnered with HCS, CLASS, MDCP.

The scholarship committee will review each application for accuracy and need. Those awarded will be notified within thirty (30) days after the committee meets.

ALL CAMPERSHIP APPLICATION REQUESTS ARE CONFIDENTIAL.

All income and expenses **must** be listed for current household of camper. This includes **all** family members or individuals living in the home. Parents or guardians may be requested to provide additional proof of income

ONLY Complete Applications will be considered.

Camper(s) Name(s): _____

Family Address: _____

Street Apt #

City State Zip (_____) Home Phone

Session(s) Applying For: _____

PLEASE BE SURE ALL PAGES ARE COMPLETED AND SUBMITTED.

FOR OFFICE USE ONLY: No. of campers in family _____	Amount requested: \$ _____
Date application received: _____	Amount awarded: \$ _____

Camper(s) Last Names: _____

Parents: Married _____ Separated _____ Widowed _____ Divorced _____

Parent / Guardian Name: _____

Place of Employment: _____ Position _____

Cell phone: (_____) _____ Business Phone (_____) _____

Spouse: _____

Place of Employment: _____ Position _____

Cell phone: (_____) _____ Business Phone (_____) _____

Please List Children and Other Dependents:

Name	Attend Camp?	Age/Sex	Relationship to Camper
_____	_____	____/____	_____
_____	_____	____/____	_____
_____	_____	____/____	_____
_____	_____	____/____	_____
_____	_____	____/____	_____

Please use the space provided below to list any extraordinary expenses, medical problems, therapies, equipment purchases, children in college, etc. which place a burden on your ability to pay the camp fee.

Please Note: Only complete applications (all three pages) will be considered.

Camper(s) Last Name: _____

INCOME & EXPENSES: List below the current household income source and amount before deductions such as taxes and social security. **If you receive more than one check from any one of the following, please indicate the total amount received.**

YEARLY INCOME

WAGES, SALARY	_____
SOCIAL SECURITY	_____
PUBLIC ASSISTANCE	_____
UNEMPLOYMENT COMPENSATION	_____
CHILD SUPPORT	_____
PENSION OR RETIREMENT	_____
CAMPER SOCIAL SECURITY PAYMENT	_____
OTHER	_____
TOTAL INCOME FOR THE YEAR	\$_____

HEROES wants to assist as many campers as possible. With families paying what they can, the scholarship committee can assist more campers by awarding partial camperships. List below, **based on the \$345 per session fee**, how much you will pay and the amount requested for the scholarship.

Total Amount I will Pay: \$_____ Total Amount requested: \$_____

As parent/guardian of this camper, I verify all information is true to the best of my knowledge. I also understand that the committee will not consider this application unless it is complete and the camper application and registration form for summer has been submitted to the HEROES.

Signature of Parent/Guardian

Date

ALL SCHOLARSHIP APPLICATIONS ARE KEPT CONFIDENTIAL

**Please submit scholarship application to Josh Schilling at
7606 La Risa Dr., Dallas, TX 75248.**

**For any further questions, please call Josh Schilling @
(214)924-5768.**