

Providing Life Long Learning through Community Experiences

Session(s) applying for:

Week 1 (June 24-28) _____ Week 2 (July 8-12) _____ Week 3 (July 15-19) _____

Week 4 (July 22-26) _____ Week 5 (July 29-Aug. 2) _____ Week 6 (August 5-9) _____

Parents: _____ Married _____ Separated _____ Divorced _____ Widowed

Parent/Guardian Name: _____

Place of Employment: _____ Position: _____

Business Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Spouse Name: _____

Place of Employment: _____ Position: _____

Business Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Please list children and other dependents living in the home:

Name	Will attend camp?	Age/Sex	Relationship to camper
_____	_____	____/____	_____
_____	_____	____/____	_____
_____	_____	____/____	_____
_____	_____	____/____	_____
_____	_____	____/____	_____

Please use the space provided below to list and describe any extraordinary expenses, medical problems, therapies, equipment needs, etc... which directly affect the ability to afford the tuition of HEROES summer camp.

Please Note: Only complete applications (all 3 pages) will be considered.

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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 sources, please indicate the total amount received.**

Yearly Income

Wages, Salary	\$ _____
Social Security	\$ _____
Public Assistance	\$ _____
Unemployment Compensation	\$ _____
Child Support	\$ _____
Pension or Retirement	\$ _____
Camper SSI	\$ _____
Other	\$ _____
Total income for the year:	\$ _____

HEROES strives to assist as many campers and their families as possible. With families paying what they can, the scholarship committee can assist more campers by awarding partial scholarships. List below, based on \$350.00 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 HEROES summer camp registration form has been submitted.

Signature of Parent/Guardian

Date

ALL SCHOLARSHIP APPLICATIONS ARE KEPT CONFIDENTIAL

Please submit scholarship application to:
First United Methodist Church Richardson
503 N. Central Expressway
Richardson, TX 75080
Attn: Josh Schilling

For additional information please go to our website: <http://heroescamp.shutterfly.com>

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Darla for HEROES Summer Camp Scholarship

In honor of our friend and long time HEROES camper, Darla Tobianski, a new scholarship for participation in 3-6 weeks of HEROES summer camp has been created. With the help of Darla's parents, Rita and Tony Tobianski, a very special student and family will be selected to receive a ½ to full summer scholarship in Darla's name. If you are interested in applying for this award, please fill out the additional information below. **All Darla for HEROES applicants must fill out the entire scholarship application process to be considered.**

Please tell us a little about your child wanting to participate in HEROES.

Please share information about your family (siblings, family activities, etc....)

What are the daily challenges you, as a family, face on a daily basis supporting your child with a disability?

If you received the award for your child, what do you expect for them to take away from HEROES?

Please Note: Only complete applications (all 3 pages) will be considered.

