

Camp STAR Angelina Scholarship Application

Note: Please write a short letter explaining your financial situation and enclose all documentation. These are due no later than June 17, 2016 to be considered.

Parent / Guardian Information

Parent / Guardian 1: _____ DOB: _____

Street: _____ City/State: _____ Zip: _____

Home #: _____ Cell #: _____

Employer/ School: _____ Tel #: _____

Parent / Guardian 2: _____ DOB: _____

Street: _____ City/State: _____ Zip: _____

Home #: _____ Cell #: _____

Employer/ School: _____ Tel #: _____

Camper Information

Camper Name 1: _____ DOB: _____ Age: _____

Camper Name 2: _____ DOB: _____ Age: _____

Camper Name 3: _____ DOB: _____ Age: _____

Session 1: _____ Session 2: _____ Both Sessions: _____

Please list all people living in your household, whether related or not:

Name	School / Employer	DOB

Please list your monthly HOUSEHOLD income:

Type	Amount
Gross wages, salary, tips	\$
Unemployment compensation	\$
Social security/SSI	\$
Child support	\$
TAFDC	\$
Retirement Income	\$
1040(first two pages) or 1040A (or verification of non-filing status letter)	\$
Other monthly income/assistance	\$

Documentation for all income MUST be submitted with the application if it applies to your household:

- ___ Most recent two pay stubs from EACH working household member (23 years & older)
- ___ Unemployment benefit documentation from EACH household recipient
- ___ Social security or SSI benefit documentation from EACH household recipient
- ___ Child support documentation; wither a copy of the court order or a bank statement showing a regular deposit schedule for one month
- ___ RAFDC (housing) allotment documentation
- ___ Documentation of any retirement income received by a household member
- ___ Documentation of any other income received on a regular monthly basis
- ___ Copy of your most recent Federal tax return, 1040 (first two pages), 1040A or 1040EZ from all household members who filed or if you did not file taxes you must provide a Verification of Non-filing status letter. You may obtain a copy by calling the IRS at 1-800-829-1040

Note: You may be asked to bring in more information to complete the process of your scholarship application.

I attest that all of the information provided is true:

Printed Name: _____

Signature: _____ Date: _____

If you have any questions regarding this application, please contact me. Krista Stott, Therapeutic Recreation Specialist. Phone: 413-787-7779, Fax: 413-787-6624, Address: 200 Trafton Rd. Springfield, MA 01108 and email: kstott@springfieldcityhall.com