

Dear Parent/Guardian,

Thank you for your interest in Camp SOAR.

Camp SOAR costs \$300 and is a five-day camp for rising 4<sup>th</sup> – 7<sup>th</sup> graders.

Through generous donations, we are able to offer \$250 scholarships towards the cost of camp. Families will need to pay the remaining \$50.

Applications are due by 3:00 PM, April 30, 2023.

Scholarships are limited and will be awarded the week of May 1st.

All procedures and rules remain in place for all campers, including those earning scholarships.

Complete and return the application and be sure all portions are filled out.

Applications may be submitted using [this digital form](#), or print and email/mail it to:

[btownsend@cafhq.org](mailto:btownsend@cafhq.org)

Brenda Townsend

P.O. Box 764769

Dallas, TX 75376

#### PLEASE NOTE:

- Applying does not automatically register your child for camp. It only indicates a request for funding.
- Incomplete applications will not be considered for funding.
- There is no refund for no-shows or absent campers.

#### Received Notification of Award, Now What?

Upon receipt of the scholarship award, you will register your child for camp using our online registration by May 19, 2023. Pay the \$50 and use the \$150 discount code we will provide for registration.

If registration is not completed by the May 19th deadline, the scholarship will be forfeited and given to another family.



# Camp SOAR Scholarship Application

Complete this form for each child you are requesting a scholarship.  
All information must be complete and accurate.



Henry B. Tippie National Aviation Education Center



COMMEMORATIVE AIR FORCE

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade Entering: \_\_\_\_\_

## Family Information

### Parent/Guardian 1

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

### Parent/Guardian 2

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

### Other children in family

Name	Age	Living at Home (circle)
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

**Income information**

Gross Monthly Family Income \$ \_\_\_\_\_

(Include additional income from Welfare AFDC, Child Support, Support from Spouse, Social Security, Income from 2<sup>nd</sup> job, etc.)

**Demographic Information (Optional)**

Number of people in your household (including adults): \_\_\_\_\_

Child's Gender (fill in): \_\_\_\_\_

Child's Race/Ethnicity (check all that apply):

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian Native/Pacific Islander
- Hispanic/Latino
- White/Caucasian
- Other: \_\_\_\_\_

**Reason for Need**

Briefly explain why you are seeking scholarship assistance and why this can make a difference in your child's life.

Indicate 1st, 2nd, and 3rd choices for the week you are requesting the scholarship.

June 19-23	June 26-30	July 10-14

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_