

Dear Parent/Guardian,

Thank you for your interest in Camp SOAR. This camp scholarship program offers financial assistance for those that cannot afford the full cost of camp. Camp SOAR costs \$250 and is a five-day camp for rising 4th – 7th graders.

There are two types of scholarships:

Full Scholarship of \$250 and limited to one week of Camp SOAR (10 available).

Partial Scholarships are for \$125 and limited to one week of Camp SOAR (20 in total).

Applications must be received by 3:00PM, May 30, 2022.

Scholarships are limited and will be awarded the week of May 30th.

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

Complete and return the attached form. All portions of the application must be filled out.

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

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 scholarship, you will register your child for camp using our online registration.

Complete all the camper forms and pay \$125 for those with partial scholarships. Full scholarships must also register completely. You will be given a discount code for your registration.



Camp SOAR Scholarship Application

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

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 2nd job, etc.)

