



2023 TCTF Send a Kid to Camp Initiative

Treasure Coast Camp Scholarship Application

Parent/Guardian 1:		Relationship to Child:	
First Name:	MI:	Last Name:	Age:
Address:		How Long at Current Address:	
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
E-mail:		Fax:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Occupation:			
Employer:		Employer's Phone:	
Employer's Address:			

Parent/Guardian 2: (if applicable)		Relationship to Child:	
First Name:	MI:	Last Name:	Age:
Address:		How Long at Current Address:	
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
E-mail:		Fax:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Occupation:			
Employer:		Employer's Phone:	
Employer's Address:			

Child 1:		
Name:	Age:	Number of Weeks Attending Camp:
Camp Attending:	Cost:	
Scholarship Awarded from Camp:	Scholarship Awarded from Other Organization:	

Child 2: (if applicable)		
Name:	Age:	Number of Weeks Attending Camp:
Camp Attending:	Cost:	
Scholarship Awarded from Camp:	Scholarship Awarded from Other Organization:	

Child 3: (if applicable)		
Name:	Age:	Number of Weeks Attending Camp:
Camp Attending:	Cost:	
Scholarship Awarded from Camp:	Scholarship Awarded from Other Organization:	

Additional Household Members: (if applicable)

Name:		
Relationship to Child:	Age:	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name:		
Relationship to Child:	Age:	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name:		
Relationship to Child:	Age:	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Family Income:

Types of Income	Amount (\$)
SS / SSI / SSDI	
Employment Wages	
Pension	
Unemployment	
Food Stamps	
Workers' Comp	
Short- or Long-Term Disability	
Child Support	
Alimony	
Investments	
Other Income	
	TOTAL:

In detail, please provide information, in relation to your circumstance, that you feel we should know about when processing your request for financial assistance.

By completing and submitting this form, I certify that all information is true and correct to the best of my knowledge. I understand that by signing this form, I am authorizing the TCTF to share my personal information and the type of assistance requested or received from this organization with vendors, community agencies, and other resources, in order to confirm the need for, request, and/or coordinate available services and assistance. If, at any time, a change in my circumstance occurs, I must notify the TCTF.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date