



## TCTF Send a Kid to Camp Initiative

### 2022 Treasure Coast Camp Scholarship Application

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

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

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	
	<b>TOTAL:</b>

