

Yellowstone Adventure Camp Scholarship Program Information

We understand the expense of summer camp may be a strain on a family's budget, and we seek to help eligible families reduce their cost through scholarships. Scholarships are limited and vary from year to year depending on funds available. Much of our scholarship money this year comes primarily from Gardiner Public School and the funds from the school will be used for students enrolled with Gardiner Public School. Other funds may be available for students who do not attend Gardiner Public School.

Yellowstone Adventure Camp (through Snoopy Preschool) bases scholarship availability on the Federal Eligibility chart used to determine free and reduced lunch status. Your child may qualify for a scholarship if your household income falls at or below the limits on the following chart. If your household income exceeds the limits on the chart and you feel that your family requires financial assistance please explain on the scholarship form.

2016-2017 Federal Income Eligibility Guidelines for Schools

Household Size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each additional person	\$7,696	\$642	\$148

Scholarship applications will be considered by session and must be turned in no later than the following dates:

- requests for session one received by May 29, 2017
- requests for session two by June 26, 2017
- requests for session three by July 17, 2017

Yellowstone Adventure Camp 2017 Scholarship Application Form

Applicant Information

Applicant Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____ City/State/Zip: _____

Email address: _____

Phone Number(s): _____

Is the applicant enrolled at Gardiner Public School? yes no

If yes, what grade will the applicant attend in the fall? _____

Financial Information

Number in household: _____ Annual Gross Household Income: _____

* If asked, you must be willing to provide documentation of annual family income.

Please describe your current financial situation and how it affects your ability to pay full tuition. List any extenuating circumstances (home mortgage, medical bills, etc) that you consider relevant to demonstrating your financial need. Attach an additional sheet if needed.

By Signing you acknowledge that all information above is correct.

Signature(s) of Parents or Guardians: _____ Date: _____

_____ Date: _____