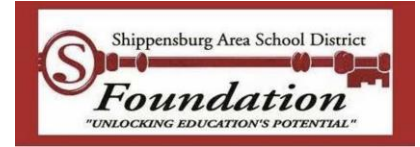




Youth Summer Scholarships



Shippensburg Community Resource Coalition & SASD Foundation Summer Scholarship Assistance Application

Overview: Through the Partnership for Better Health, we have a limited number of youth summer scholarships. **Requirements:** Must live in Shippensburg Area School District, ages 6-17 years, demonstrate financial need, & desired program must support good health. Examples of eligible programs include sports camps, recreational programs, farm-based or nutrition programs, positive youth development programs like camps offered by the YMCA and YWCA and pool passes.

Complete Form and Return by MAY 1st. Checks will be mailed directly to the camp/program by the end of May.

Email: swk-scrc@ship.edu or Fax: 717-477-4051 or Mail: SCRC, 130 S Penn St. Shippensburg, PA 17257

For Office Use Only: Application Date Received: _____

Name of Parent/Guardian: _____ Name of Other Parent/Guardian: _____

Child's Name: _____ Age: _____

Home Address: _____ City/Zip: _____

Daytime Phone: _____ Evening Phone: _____ Email Address: _____

Employer: _____ Work Address: _____

School district child is currently enrolled in: _____

Name of Desired Summer Program: _____

Address of Summer Program: _____

Date/length of Program: _____ Is your child already registered for the program? Yes No

Total Cost of program: _____ Amount of assistance you are requesting for the program: _____

How many adults (age 18 or older) are in your household? _____

How many children (age 17 or younger) are in your household? _____

What is your household's gross annual income? _____

Is your child eligible for free or reduced price school lunch? Yes No Unknown

Does your family receive support from WIC, SNAP, CHIP, Medicaid or public assistance? Yes No

On the back of this form, please feel free to share any special circumstances that you feel should be taken into consideration in reviewing your summer scholarship application. Please attach the registration form for the program to this application if possible.

Certification: I certify that the information above is true and correct to the best of my knowledge. I give my consent to **Shippensburg Community Resource Coalition** to verify this information. I understand that any misstatement in regards to my familial status and/or income and benefits is considered fraud.

Signature of Applicant

Date

CONTACT INFO: SCRC, 130 South Penn Street, Shippensburg, Pa 17257, visit shipresources.org or email swk-scrc@ship.edu or 717-477-9100

Scholarship Funders & Sponsors



FOR OFFICE USE ONLY

RECOMMENDATIONS

Approved for scholarship? : _____ yes _____ no

Program Name: _____

Program has confirmed space to accept this youth: _____ yes _____ no

Contacted applicant/Date of contact: _____

Amount of Assistance: _____

Length of Program: _____

Date that expenditure request was sent: _____

Signature

Date