

## CAMP SCHOLARSHIP SPACES ARE LIMITED AND ARE AVAILABLE TO THOSE WHO QUALIFY, BASED ON INCOME.

Please read carefully and follow the step-by-step instructions to complete your scholarship application.

1. This paperwork includes the Scholarship Program Instruction Form, The Scholarship Application Form and The Scholarship Worksheet Form. Please read the Scholarship Agreement Form, *sign and date the bottom of the paper.*

**2. Attach all following copies to the application.**

**This includes all income types;**

- Job income
- SNAP benefits
- Alimony/child support
- Retirement
- TANF
- Etc.

**This includes all current expenses;**

- Rent/Mortgage
- Auto Loan
- Utilities
- Child Support
- Phone
- Etc.

3. Scholarship applications for camp must be received by Danielle Emery.
4. Full payment is expected until scholarship is processed.
5. Scholarship recipients are still required to pay registration fee.
6. You will be notified of your scholarship opportunity by mail or phone.
7. The maximum scholarship benefit will be no more than 50% off the non-member rate.

RJKCC  
Attn: Danielle Emery; Director of Operations  
PO Box 208  
Biloxi, MS 39533

**Thank you!! We look forward to seeing you soon!**

Or you can bring the **SEALED** envelope to The Kroc Center and give it to the Membership Personnel on duty.

# KROC CENTER CAMP SCHOLARSHIP FORM



## Personal Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a full time student? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you married? \_\_\_\_\_ Total number of dependents: \_\_\_\_\_ is spouse a full time student? \_\_\_\_\_

List names (last names also) and ages of all children attending camp.

1. \_\_\_\_\_ DOB \_\_\_\_\_
2. \_\_\_\_\_ DOB \_\_\_\_\_
3. \_\_\_\_\_ DOB \_\_\_\_\_
4. \_\_\_\_\_ DOB \_\_\_\_\_
5. \_\_\_\_\_ DOB \_\_\_\_\_
6. \_\_\_\_\_ DOB \_\_\_\_\_

## EMPLOYMENT INFORMATION:

**Employer:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Part-time  Full-time

Gross Monthly Income: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Part-time  Full-time

All scholarships are confidential. Applicants agree to refrain from discussing awards with others.

**Please sign as verification of your understanding and acceptance of the Kroc Center Scholarship Program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



## Income/Expenses Worksheet

**(Copies of the following must be included in order to be considered for a scholarship.)**

### Income:

- \$\_\_\_\_\_ 1) Your Gross Monthly Income
- \$\_\_\_\_\_ 2) Spouse's Gross Monthly Income
- \$\_\_\_\_\_ 3) Child Support
- \$\_\_\_\_\_ 4) TANF
- \$\_\_\_\_\_ 5) Welfare (submit copy of card)
- \$\_\_\_\_\_ 6) SNAP benefits
- Y\_\_\_N\_\_\_ 7) Reduced lunch program  
(submit copy of card)
- \$\_\_\_\_\_ 8) Other (please explain)

\_\_\_\_\_  
\$\_\_\_\_\_ TOTAL GROSS MONTHLY INCOME  
(HOUSEHOLD)

\$\_\_\_\_\_ TOTAL GROSS ANNUAL INCOME  
(HOUSEHOLD)

### Expenses:

- \$\_\_\_\_\_ 1) Rent/Mortgage (Circle one)
- \$\_\_\_\_\_ 2) Auto Loan
- \$\_\_\_\_\_ 3) Utilities
- \$\_\_\_\_\_ 4) Child Support
- \$\_\_\_\_\_ 5) Phone (listed in your name)
- \$\_\_\_\_\_ 6) Medical
- \$\_\_\_\_\_ 7) Child Care
- \$\_\_\_\_\_ 8) Food/Gas
- \$\_\_\_\_\_ 9) Clothing
- \$\_\_\_\_\_ 10) Other

\_\_\_\_\_  
\$\_\_\_\_\_ TOTAL EXPENSES

Do you share expenses with anyone else in your household? \_\_\_\_\_ Total number in household \_\_\_\_\_

How much can you afford to pay? \$ \_\_\_\_\_

Reason for applying (or reapplying) for the Scholarship Program? (Attach letter if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application and required income documentation are confidential information and will be used only for scholarship recommendations by the Director of Operations.

NOTICE: In order to promote a safe and secure environment, The Salvation Army Ray and Joan Kroc Corps Community Center has placed video cameras in various locations as a part of the commitment to the safety of children and vulnerable persons. The Salvation Army Ray and Joan Kroc Corps Community Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk or harm to its patrons, staff or visitors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_