

Scholarship Application Instructions



CAMP KROC SCHOLARSHIP PROGRAM

The Salvation Army Kroc Center offers a scholarship program to help provide greater access to our summer day camp. Our mission is to share the love of Jesus Christ by providing life-changing spiritual, educational and wellness experiences.

Please read carefully and follow the instructions below to complete your scholarship application. **Incomplete scholarship applications will not be reviewed.**

1. Please read the scholarship agreement on the reverse side of this page.
2. Scholarships are applied to **the entire summer** and do not apply to extended care, specialty camps, or other services or fees. Awards may vary based on availability. The Kroc Center does not grant 100% scholarships.
3. Attach all copies of income verification to the application. Acceptable forms of income are listed on the reverse side of this page. **All members of the household aged 18 or older must show proof of income** to be considered for a day camp scholarship. The Kroc Center does not make copies of income information for safety and security purposes. Income information submitted to the Kroc Center will not be returned.
4. You may drop off your completed, signed application and copies of income verification/support materials in a sealed envelope at the Kroc Center Welcome Desk, email to campkroc@usc.salvationarmy.org, or mail those documents to:

The Salvation Army Kroc Center
Attn: Education Supervisor
2500 S. Division Avenue
Grand Rapids, MI 49507

5. Applications are reviewed and processed once a year. Due to the number of applications received, **we are unable to return phone calls regarding application status.** Notifications of scholarship award are emailed.

APPLICATION DEADLINE

DEADLINE TO APPLY: MAY 1, 2023

Notifications of scholarship award are sent via email.

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

REVIEWED BY: _____

DATE NOTIFIED BY EMAIL: _____ INITIAL: _____

Scholarship Agreement



Applications that do not have at least one proof of income per adult living in the household and applications that do not include the accepted forms of income as deemed by the Education Supervisor will not be reviewed.

1. The following are accepted forms of income verification for the scholarship program:

- Front page of most recent Federal 1040 tax return (preferred form of income verification)
- Two most recent pay check stubs
- Social Security income benefit statement
- Unemployment benefit statement
- Disability income benefit statement
- Public assistance income benefit statement
- Child support income
- Alimony income
- Foster care income

Applicants must provide at least two forms of income from this section if no Federal 1040 tax return is provided.

The following are NOT acceptable forms of income verification for the scholarship program and will not be considered:

- Bank statements
- Food stamp income
- Single pay check stub (must provide at least two)
- Personal letters

2. Any information found to be fraudulent will result in loss or denial of scholarship award.

3. Completion of application does not guarantee assistance. Camp scholarships will be awarded based on eligibility, funding, timeliness, completion of supporting information and availability.

5. Award recipients must respond before the registration deadline of desired weeks to accept their scholarship award and register for camp. Extended care requires registration and is available at an additional cost, not covered by scholarships.

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

CONFIDENTIAL

CAMP KROC Scholarship Application



This application and required income documentation are confidential information and will be used only for scholarship recommendations by the Education Supervisor. Please read all the information on this form and fill in all of the blanks. Incomplete requests will not be processed.

ALL INFORMATION REQUIRED.

PRIMARY ADULT INFORMATION

PARENT/GUARDIAN OF CAMPER IS A: NON-MEMBER MEMBER #

ARE YOU CURRENTLY RECEIVING A SCHOLARSHIP FOR MEMBERSHIP? YES NO

PARENT/GUARDIAN'S NAME MALE FEMALE

MAIN PHONE ALT PHONE

EMAIL BIRTHDATE (MM/DD/YY)

HOUSEHOLD INFORMATION TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: _____

ADDRESS APT

CITY STATE ZIP

HOME PHONE

REQUIRED INCOME INFORMATION

Please attach current documents to verify income. Applications without proof of income will not be processed. The following are accepted as proof of income:

PREFERRED: Federal 1040 tax return. If no Federal 1040 tax rerun is provided, **TWO** of the following must be submitted:

- Two most recent pay check stubs
- Social Security income benefit statement
- Unemployment benefit statement
- Disability income benefit statement
- Public assistance income benefit statement
- Child support income
- Alimony income
- Foster care income

Please list ANNUAL amounts for all categories in which **ANY household member** receives income:

PRIMARY ADULT - TOTAL ANNUAL GROSS WAGES: \$

ADDITIONAL ADULT(S) AGED 18+ TOTAL ANNUAL GROSS WAGES: \$

UNEMPLOYMENT: \$ ALIMONY: \$

SOCIAL SECURITY: \$ CHILD SUPPORT: \$

DISABILITY INCOME: \$ FOSTER CARE: \$

PUBLIC ASSISTANCE: \$ STATE: \$

FOOD STAMPS: \$ OTHER INCOME: \$

TOTAL ANNUAL GROSS INCOME: \$

DAY CAMPER INFORMATION TOTAL NUMBER OF CAMPERS: _____

CAMPER 1: FULL NAME MALE FEMALE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

CAMPER 2: FULL NAME MALE FEMALE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

CAMPER 3: FULL NAME MALE FEMALE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

CAMPER 4: FULL NAME MALE FEMALE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY ADULT

CONFIDENTIAL

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This application and required income documentation are confidential information and will be used only for scholarship recommendations by the Camp Kroc Day Camp Supervisor. Please read all the information on this form and fill in all of the blanks. Incomplete requests will not be processed.

Please list all of your household expenses:

Please provide any other information which you feel may be important in determining your scholarship eligibility:

----- *****IMPORTANT***** -----

APPLICANT ACKNOWLEDGMENT

Please sign as acknowledgment of your understanding and acceptance of the Camp Kroc scholarship agreement (on attached page).

PRINT NAME _____

SIGNATURE _____

DATE _____