



Connecting Neighbors • Enriching Lives

Freeport Community Services

FHT: _____

FREEPORT COMMUNITY SERVICES

Attn: Amy Liechty
53 Depot Street
Freeport, ME 04032
(207) 865-3985 ext. 205
aliechty@fcsmaine.org

2024 Summer Camp Scholarship Application

*****Please complete both pages of form*****

Child's Name _____ Age: _____ Date of Birth: _____

Grade entering in the fall _____ *and* school attending _____

Address of Residence: _____

Mailing Address (if different than above): _____

Parent/Guardian Name(s): _____

Phone # (home) _____ (work) _____ (cell) _____

E-mail address(es) _____

Total Annual Household Income \$ _____ Referred By: _____

Please explain the circumstances under which you are applying for a scholarship for your child (use back of form or attach additional sheet if more space is needed):

Is transportation a challenge when considering camps for your child? _____

My child is interested in the following camp(s):

<u>Camp Name</u>	<u>Session/Dates</u>	<u>Cost/Tuition</u>	<u>AMOUNT YOU ARE ABLE TO PAY</u>

I agree to pay the balance not covered by scholarship *before* my child goes to camp.

Parent/Guardian Signature _____ Date _____

- I understand that Campers are asked to participate in camp evaluations with a member of the FCS Camp Advisory Team. Those evaluations may be shared with the Camp Director.
- I understand and give permission that my child's picture may be used for future program publicity.
- I understand that my family's current circumstances may be considered by the Camp Advisory Team in making decisions about scholarships.
- I understand pre-paid camp tuition will not be refunded if my child does not attend his/her camp session.
- I understand and give permission that my family's financial, demographic, and other information can be released from and to FCS and camps, teachers, and other professionals for the purposes of the Camp Scholarship program.
- I understand that scholarship slots are given on a first come, first served basis.

Parent/Guardian Signature: _____ Date: _____

For office use only:			
Date _____			
Camp Name _____	Camp Name _____		
Camp Tuition \$ _____	Camp Tuition \$ _____		
Camp Waiver \$ _____	Camp Waiver \$ _____		
Family Amount \$ _____	Family Amount \$ _____		
FCS Scholarship \$ _____	FCS Scholarship \$ _____		
Criteria:			
Personal Need _____	Family Circumstances _____	Financial Need _____	

Deadline for applications is Friday, June 14, 2024