



Connecting Neighbors • Enriching Lives

# Freeport Community Services

FHT: \_\_\_\_\_

## FREEPORT COMMUNITY SERVICES

Attn: Kara LaRochelle  
53 Depot Street  
Freeport, ME 04032  
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klarochelle@fcsmaine.org

**2026**  
**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):

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Is transportation a challenge when considering camps for your child? \_\_\_\_\_

**My child is interested in the following camp(s): Please list ALL camps your child is planning to attend**

<u>Camp Name &amp; Session/Dates</u>	<u>Cost/Tuition</u>	<u>AMOUNT YOU ARE ABLE TO PAY</u>	<u>Additional Aid Received</u>

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you planning on applying for financial aid with any other organizations to help pay for camp? \*please note this does not disqualify you from receiving assistance, it helps us to maximize financial aid across youth serving organizations in Freeport\*

RSU5 Community Programs

Wolfe Neck Farm

YMCA

L.L.Bean

Seeds of Independence

Other: \_\_\_\_\_

- I understand that Campers may be 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 12, 2026**