



*Camp Sol of the Deaf*  
 P.O. Box 200147  
 Newark, NJ 07102  
[www.campsolofthedeaf.org](http://www.campsolofthedeaf.org)

*Inspiring  
 and  
 Empowering Deaf Children*

## Summer Camp Scholarship Application

Camp Sol of the Deaf depends on participant fees and donations to provide our services. We are committed to serve people regardless of income, and we expect participants to pay a fee based on their financial ability. Upon review and verification of this application, Y scholarships may or may not be awarded.

### Please Print or Type

Camper Name: \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_  
 Parent/Guardian(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Preferred phone number: \_\_\_ / \_\_\_ / \_\_\_\_

Parent/Guardian (s) Employment:

- Employed Name of employer: \_\_\_\_\_
- Employed Name of employer: \_\_\_\_\_
- Not Employed
- Monthly net income of all adult household members (take-home): \_\_\_\_\_
- 

Other source(s) of income: \_\_\_\_\_

If Applicable SNAP/TANF #: \_\_\_\_\_

### Please provide the following information for all members in the household:

Name	Day of Birth	Relationship to camper	School (if applicable)

### INCOME: Please circle the appropriate response and fill in the amount. If yes.

- |   |     |    |          |
|---|-----|----|----------|
| 1. Are you receiving aid to dependent children? | Yes | No | \$ _____ |
| 2. Are you receiving food Stamp?                | Yes | No | \$ _____ |
| 3. Are you receiving Social Security Benefits?  | Yes | No | \$ _____ |
| 4. Are you receiving Veterans Benefits?         | Yes | No | \$ _____ |
| 5. Are you receiving child support?             | Yes | No | \$ _____ |
| 6. Are you receiving spousal support/alimony?   | Yes | No | \$ _____ |
| 7. Are you receiving employed?                  | Yes | No | \$ _____ |

- |  |     |    |          |
|--|-----|----|----------|
| 8. Is your spouse employed?                                    | Yes | No | \$ _____ |
| 9. Are any of your minor children employed?                    | Yes | No | \$ _____ |
| 10. Are you or your spouse receiving unemployment benefits?    | Yes | No | \$ _____ |
| 11. Are you receiving any scholarship for any Y other program? | Yes | No | \$ _____ |

**INCOME: Please include copies of the following information to verify your income.**

**NOTE: Camp Sol of the Deaf will not make copies of originals**

- Copy of payroll check stubs for the last 2 months for all adults in the household
- Copy of most recent federal income tax return
- Unemployment card and check stubs and statements
- AFDC check stubs and statements

**EXPENSES: Please attach the following documents to verify expenses.**

**NOTE: Camp Sol of the Deaf will not make copies of originals**

- Gas & electric bills for the last 2 months
- Phone bills for the last 2 months
- Rent/mortgage receipts for the last 2 months
- Monthly groceries estimate
- Car payment and car insurance receipts
- Tuition receipts
- List other extraordinary expenses including court decisions and medical bills
- \_\_\_\_\_

Please provide a brief description of why you need financial assistance. Include financial, family and medical information or other facts relevant to your situation. Please attach another sheet if needed.

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Amount you are able to pay \$ \_\_\_\_\_ per \_\_\_\_\_

Please have your child write a letter or draw a picture on a separate sheet of paper telling us why he/she would like to go to Camp Sol of the Deaf this summer and attach it to this application.

**PLEASE READ THE FOLLOWING & SIGN BELOW TO INDICATE YOUR UNDERSTANDING & AGREEMENT**

*I hereby certify that the information provided herein, is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify Camp Sol of the Deaf in writing of any changes in information supplied in this application, such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with the Y & Camp policies may result in immediate revocation of scholarship privileges.*

\_\_\_\_\_/ \_\_\_\_\_ / \_\_\_\_\_  
**Signature of Parent or Legal Guardian      Print Name of Parent of Legal Guardian      Date**

