



WASATCH KIDS Scholarship Application (optional)

4771 Box Elder St. Murray, Utah 84107

(801) 263-CAMP (2267) Fax: (801) 263-3324

**You are responsible for full payment of program until approved in writing.
This application must be attached to a completed Registration.**

Office Use Only

Date Received _____

Investigated By _____

Outcome _____

Camper Name(s) _____

Birthday(s) _____ Grade(s) _____

Does your child have any special needs? Please explain. Continue on back if needed. -

Parent marital status: Married Divorced Separated Widowed Single

Camper lives with: Both Parents Mother Father Other _____

Please specify the scholarship that you would like to receive-

25% Discount 50% Discount Other Discount _____

Do you have any services/products that you would be able to donate to Wasatch Kids in return for your child's participation?

NO YES- _____

Please specify the benefit that you have applied for within the past year or are receiving. If you haven't applied, why?

	Applied for benefit	Receiving benefit
CHIP-Child Health Insurance Program	<input type="radio"/>	<input type="radio"/>
Food Stamps	<input type="radio"/>	<input type="radio"/>
Child Care Assistance	<input type="radio"/>	<input type="radio"/>
Medical Assistance	<input type="radio"/>	<input type="radio"/>
Cash/Financial Assistance	<input type="radio"/>	<input type="radio"/>
Reduced school lunch	<input type="radio"/>	<input type="radio"/>
Free school lunch	<input type="radio"/>	<input type="radio"/>
Social Security/SSI	<input type="radio"/>	<input type="radio"/>
Unemployment	<input type="radio"/>	<input type="radio"/>
Worker's Compensation	<input type="radio"/>	<input type="radio"/>
Alimony/child support	<input type="radio"/>	<input type="radio"/>

Do you or anyone living with you have earned income? Yes No Who? _____

Employer Name _____ Phone _____ Hourly Wage/Salary _____

Hours worked per week _____ Self employment/ other monthly income _____

If adults are not working in your household please explain why- _____

Please explain the reason(s) you are asking for scholarship. You may attach an additional sheet to this application if necessary-

Email address/ mailing address to notify you of the outcome of the application: _____

I, _____, have read & understand the statements provided. I certify that the information/answers I have given on this application are true and correct to the best of my knowledge and that the information may be verified.

Printed name of person applying

Signature of person applying

Date