



## **Eagle Sky Scholarship Program**

### **A. Objective Standards for Eligibility:**

The following guidelines are used to determine if a Scholarship Applicant is eligible for an Eagle Sky Scholarship.

1. Age: Camper must be 7 to 18 years old
2. Camper's family is unable to afford sending this child to Camp at Eagle Sky without financial assistance, as determined by using the Eagle Sky Income Eligibility Guidelines and the financial information submitted with the Eagle Sky scholarship application.
3. The Scholarship amount shall not exceed 50% of the normal full camp fee.

### **B. Scholarship Program Guidelines**

Eagle Sky strives to make camp available to as many campers as possible. Aside from income, Eagle Sky evaluates a number of other factors to determine scholarship recipients.

Eagle Sky strives to provide a camp experience to campers of differing social, cultural, and economic groups.

The Eagle Sky Camper Scholarship Program does not discriminate against any camper applicants based on race, color, national origin, age, or sex.

The applicant is required to pay a non-refundable deposit of \$50 with the submission of their application for an Eagle Sky Scholarship. The deposit will be applied to your Camp Fee if you attend Camp. If you do not attend Camp, the deposit will not be refunded.

Scholarships are evaluated on the basis of the information provided on the Eagle Sky Scholarship Application, Scholarship Funds available, and space availability for the requested Camp Session. No other discounts, coupon, or promotion may be used with a Camper Scholarship.

### **C. Income Eligibility Guidelines:**

In general, consideration will be given to anyone who completes an Eagle Sky Scholarship Application. Income eligibility guidelines below should be used to determine if an applicant is, in fact, eligible for a scholarship.

Household Size 2 – 3

< \$40K gross annual income

< \$30K gross annual income

Partial 25% camper scholarship

Partial 50% camper scholarship

Household Size 4 – 5

< \$45K gross annual income

< \$35K gross annual income

Partial 25% camper scholarship

Partial 50% camper scholarship

Household Size 6 – 7

< \$50K gross annual income

< \$40K gross annual income

Partial 25% camper scholarship

Partial 50% camper scholarship

### **D. Frequently Asked Questions**

1. Does the scholarship cover all the costs?

- No. Scholarships are given based on individual need, and the parent or guardian must pay any portion not covered by scholarship. Scholarships are rewarded at the maximum of 50% of the camp fee.

2. Where does the scholarship money come from?

- Scholarships are made possible through direct donations of individuals and organizations. Scholarship money is not raised from the fees we charge our campers.

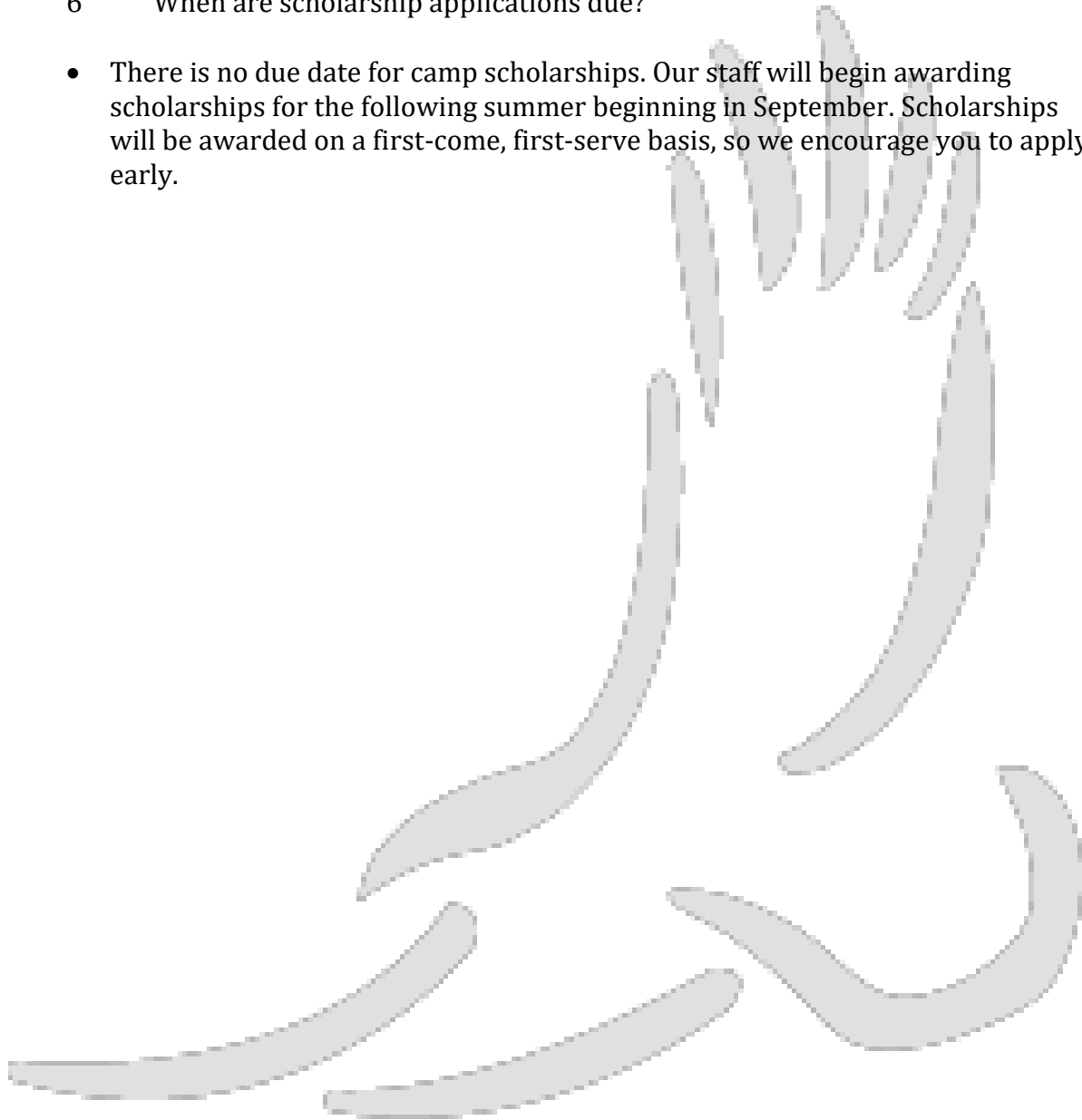
3. Who is eligible?

- Anyone who feels they meet the financial threshold guidelines are eligible to apply. The scholarship program is not available for groups or churches.

4. Will I get a scholarship for sure?

- Unfortunately, we cannot guarantee every request will be granted. Each application is reviewed by our staff and awards are made based on financial eligibility, available scholarship funds, and available camp space.

5. Will I get to pick the week of camp I attend if I receive a scholarship?
- Unfortunately, there are limited spaces available for scholarship recipients, and we cannot offer a preference date for summer camp. If you are already registered for a specific week of camp, this does not apply.
6. When are scholarship applications due?
- There is no due date for camp scholarships. Our staff will begin awarding scholarships for the following summer beginning in September. Scholarships will be awarded on a first-come, first-serve basis, so we encourage you to apply early.





## 2018 Summer Camp Scholarship Application

Child's Name \_\_\_\_\_

Age (In of June 2018) \_\_\_\_\_ Grade (Entering Fall 2018) \_\_\_\_\_ Sex: Male / Female

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Child's School: \_\_\_\_\_ City: \_\_\_\_\_

Scholarships are based upon available funds, financial need, available space, and other factors. See [www.eaglesky.camp](http://www.eaglesky.camp) for camp dates.

Partial Scholarship of \$ \_\_\_\_\_ (Maximum of 50% of Camp Cost)

Scholarship of a **Teen** camp (Ages 13-18) Dates Requested: \_\_\_\_\_

Scholarship of a **Kid's** camp (Ages 7-12) Dates Requested: \_\_\_\_\_

### CHURCH LIFE

Name of Church: \_\_\_\_\_

How often does your family attend?  Weekly  Monthly  Other \_\_\_\_\_

**EAGLE SKY EXPERIENCE**

What impact do you hope that this camp at Eagle Sky will have on you or your child?

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Has the applicant been to camp at Eagle Sky before? YES / NO (circle) If Yes, Years? \_\_\_\_\_

Has the applicant received a scholarship to Eagle Sky before? YES / NO If Yes, Years? \_\_\_\_\_

How did you hear about Eagle Sky?  Friend  Brochure  Website  Radio  Event  
 Other \_\_\_\_\_

How did you hear about the scholarship program? (Be specific.)

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**FINANCIAL NEED**

Copy of most recent tax return attached

**INCOME:**

Job Title/Profession Parent/Guardian #1: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ Annually

Job Title/Profession Parent/Guardian #2: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ Annually

Monthly Income from Child Support/Foster Care (if applicable)

Name \_\_\_\_\_ \$ \_\_\_\_\_ per month

Name \_\_\_\_\_ \$ \_\_\_\_\_ per month

Name \_\_\_\_\_ \$ \_\_\_\_\_ per month

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ Annual

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If unemployed, please list (1) previous job and (2) income and (3) how long you have been unemployed (4) workers comp or disability:

1) Job \_\_\_\_\_ 2) \$ \_\_\_\_\_ per month

3) Date of Unemployment: \_\_\_\_\_ 4) \$ \_\_\_\_\_ per month.

**LIVING EXPENSES**

Housing Costs (Rent/Mortgage) Monthly Expense:\$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ Annual

Utilities/Grocery Monthly Expense: \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ Annual

Car Expenses Monthly Expense: \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ Annual

Total All Monthly Expenses: \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ Annual

*\*Financial section must be complete in order for your application to be considered.*

Other Expenses (List/describe any other expenses such as tuition, medical bills not paid by insurance, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any extenuating circumstances related to your financial, spiritual or emotional need. Additional pages may be added if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*All the information in this application is true and complete to the best of my knowledge.*

\_\_\_\_\_

Signature

Date

Remember to sign your application, complete the front page and include your deposit. Mail, or Fax to Eagle Sky of the Ozarks, or Email to [office@eaglesky.camp](mailto:office@eaglesky.camp).

Application Approved 081917