



EVENT SCHOLARSHIP REQUEST FORM

Funds to support scholarships are available through the generosity of corporate and individual donors and are therefore limited. While no specific income guidelines are used to determine eligibility, qualification for Free or Reduced School Lunch programs is a good indicator of eligibility. Regardless of income, each case will be reviewed on an individual basis based on the information provided by the parent, guardian or group leader. In accepting scholarship funds, the Camp Fire member/family agrees to participate in the Candy Fundraiser.

Scholarship funds are available for 50% of the cost of an event. Each child may apply for event scholarship funds only twice during a program (school) year.

Please complete one form for each child and return to Camp Fire office **at least 2 weeks before the event registration deadline.**

Child's Name _____ Age _____

Name of Event _____ Date of Event _____

Group Leader _____ Program Level _____

Leader's Address _____ City _____

ZIP _____ Day Phone (____) _____ Other Phone(____) _____

Full Fee \$ _____ Amount Requested \$ _____

Will parent be accompanying child on this event? ___ Yes ___ No
 Are scholarship funds needed for parent? ___ Yes ___ No

Signature of Leader or Parent _____ Date _____

For processing, mail to Camp Fire office at least 2 weeks before the registration deadline:

Camp Fire USA
 4241 21st Ave W, Suite 200
 Seattle WA 98199-1250

The Group leader will be notified of the acceptance or denial of your request within one week of our receiving it. Approved funds will be deposited directly into the event account. The group or family will not receive any funds directly.

Camp Fire USA is committed to providing services to all children without regard to race, gender, creed, national origin, sexual orientation, economic status or mental or physical disabilities. Accommodations for persons with disabilities will be provided upon request whenever possible.

Office Use Only Event Exch Acct # _____ Program Director _____
 Amnt Granted \$ _____ Approved Date _____ Copies to: Registrar _____ Leader _____ Accounting _____

