



SAALBACH SUMMER CAMP SCHOLARSHIP APPLICATION

*For children 6-12 yrs
August 10th – 13th, 2020 - 9:00am to 3:00pm
Before & After Care Available*

Camp is located at 233 S. Bonsall Road, Coatesville, PA 19320

Please answer all questions completely and be as specific as possible. Print (in ink only) or type. Only one application per family is necessary. If you need assistance completing this form, please call the office at (610) 793-1090. ***Space is limited, so applications are first come, first served.***
Applications Accepted Until: June 30th, 2020

**** CAMPERS MUST LIVE IN THE COATESVILLE AREA SCHOOL DISTRICT ****

Parent/Guardian (1): _____ Occupation: _____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)

Phone (H): _____ (W): _____ (Cell): _____

Email Address: _____

Parent/Guardian (2): _____ Occupation: _____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)

Phone (H): _____ (W): _____ (Cell): _____

Email Address: _____

Number of persons in household: _____

Number of Dependents: _____ Adults _____ Children (18 & under)

Does your family qualify for the National School Lunch program? YES NO*

*If your family does not qualify for the subsidized lunch program, this will not disqualify you from receiving scholarship fund.

Combined annual income of family members from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance)

\$ _____

CHILDREN APPLYING FOR SCHOLARSHIPS

1. Name of Child: _____ School Child Attends: _____

Age of Child by June 1st: _____ Birth Date of Child: _____

Child's T-shirt size (circle one): Child: Small (6-8), Medium (10-12), Large (14-16)
Adult: Small, Medium, Large, X-Large

2. Name of Child: _____ School Child Attends: _____

Age of Child by June 1st: _____ Birth Date of Child: _____

Child's T-shirt size (circle one): Child: Small (6-8), Medium (10-12), Large (14-16)
Adult: Small, Medium, Large, X-Large

3. Name of Child: _____ School Child Attends: _____

Age of Child by June 1st: _____ Birth Date of Child: _____

Child's T-shirt size (circle one): Child: Small (6-8), Medium (10-12), Large (14-16)
Adult: Small, Medium, Large, X-Large

4. Name of Child: _____ School Child Attends: _____

Age of Child by June 1st: _____ Birth Date of Child: _____

Child's T-shirt size (circle one): Child: Small (6-8), Medium (10-12), Large (14-16)
Adult: Small, Medium, Large, X-Large

ADDITIONAL INFO

Answers to the following questions are particularly important to us. Your application will not be considered unless all questions are answered thoroughly.

Please explain why you feel you are in need of assistance for your child(ren) to attend this summer camp. Please be as specific as possible and include any unusual circumstances that we should be aware of (e.g., family size; unemployment; underemployment; low income, medical bills; etc.).

What other activities will your child(ren) be involved in over the summer (Please be specific):

Please describe why you would like to send your child(ren) to the program(s) at Saalbach Farm.

How did you hear about our scholarship opportunities? _____

New for 2020! Complimentary Before & After Care

Before care is offered from 7:30am – 9:00am. After care is offered from 3:00pm – 5:30pm.

Please check if you require either: _____ Before Care _____ After Care

You will be notified of a scholarship decision; if awarded a scholarship, BRC will ensure your child will get wet and muddy every day and come home tired. In exchange, you will be asked to provide:

- A bag lunch, and water, every day for your child(ren)
- A completed medical form, for each child.
- A completed wavier for all children for field trip to picnic park (which also covers tubing trip for ages 8 and older)
- Several required items like water shoes/old sneakers, a towel and a change of clothes. **Crocks and flip flops prohibited.**

If you agree to the above conditions, please sign and date below:

Your signature _____ Date _____

Printed Name _____

Mail this completed and signed form to:

Saalbach Summer Camp Scholarship Fund – Confidential
Brandywine Red Clay Alliance
1760 Unionville-Wawaset Road
West Chester, PA 19382

APPLICATION DEADLINE: June 30th, 2020

Questions or Concerns?

Call (610) 793-1090, Fax (610) 793-2813

E-Mail: ahart@brandywineredclay.org

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FOR OFFICE USE ONLY

Review Date: _____

Scholarship Awarded: _____

To Be Paid by Applicant: _____

Total: _____

Approved By: _____



Brandywine
Red Clay Alliance
Watershed Conservation | Environmental Education