



## CAMP SCHOLARSHIP APPLICATION

Before you begin please ensure:

- Your applicant matches our “Who Should Apply?” criteria on our website.
- You have a letter from the applicant’s therapist, social worker, or school adjustment counselor stating why the applicant would benefit from attending the camp or program and why they would be a success

If you have questions or concerns about our criteria, please do not hesitate to contact us for more information. Apply online or download the application to email, mail, or fax it.

### **PART 1 – FAMILY INFORMATION**

*Please fill out a separate application for each child for whom you are applying.*

#### **CAMPER:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Is the child in foster care (yes/no): \_\_\_\_\_

An adoptee (yes/no): \_\_\_\_\_

#### **Main Contact for scholarship purposes:**

(please check: parent \_\_\_/social worker \_\_\_)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

#### **Second Contact:** (necessary if social worker/mentor fills in above)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

#### **Household Information:**

Total number of people in household: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Annual Family Income (including wages, alimony, social security, foster care stipend, etc): \_\_\_\_\_  
*(Please list by category & use additional page if necessary. Failure to include this information will void the scholarship request)*

If there is any other family information that would be helpful for us to know, please attach a page.

**PART 2: CHILD & CAMP INFORMATION**

**Narrative about child:**

(Include child's history, social/emotional special needs, how the child fits the criteria of the Jason Hayes Foundation. Use additional page if necessary.) *All information will be confidential.*

**Camp Information:**

Name: \_\_\_\_\_

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

Website: \_\_\_\_\_

Program name: \_\_\_\_\_

Session Dates: \_\_\_\_\_

Total Cost of Program per session: \$ \_\_\_\_\_  
(Excluding registration, transportation, etc.)

Number of sessions attending: \_\_\_\_\_

Total Amount of Request: \$ \_\_\_\_\_

Is this camp a nonprofit organization? \_\_\_\_\_

Is the camp providing a reduced fee or scholarship for all or part of a session? \_\_\_\_\_  
If yes, how much: \_\_\_\_\_

*If the program is not a nonprofit organization and a scholarship is granted, we will require a statement (bill) from the camp before a check is issued stating that the funds are for a scholarship for the named camper and the amount of the reduced fee, if any.*

***PART 2: CHILD & CAMP INFORMATION, continued***

What are the program goals of the camp?

Is this a camp specifically for children with behavioral, social and/or emotional difficulties? Explain:

Explain why this camp or program is a good fit for the child and how he/she will benefit from attending:  
(use additional page(s) if necessary)

Assuming the scholarship will not pay for the entire cost of the program, are there other means to pay for the remainder of the cost? *Please explain fully including all other scholarships and/or organizations applied to.*

Please add anything else that you feel may be relevant to our decision: *(use additional page if necessary)*

**Mail complete application with additional pages to: Dot Hayes, c/o Jason Hayes Foundation, 284 Salem St., Medford, MA 02155 or email to [dot@jasonhayesfoundation.org](mailto:dot@jasonhayesfoundation.org) or fax (781) 232-0312.**