



CAMP Island View

Scholarship Application

Scholarships may be awarded for amounts up to 50% off the camp cost.

Camper #1 Name: _____ Camper Age _____

Camper #2 Name: _____ Camper Age _____

Parent Name: _____ Phone Number: _____

of Family Members in Household: _____

Email Address: _____

Address: _____

Family Income: (including child support or other sources)

- | | |
|------------------------------------------|-----------------------------------------|
| <input type="radio"/> Less than \$20,000 | <input type="radio"/> \$60,001-\$70,000 |
| <input type="radio"/> \$20,001-\$30,000 | <input type="radio"/> \$70,001-\$80,000 |
| <input type="radio"/> \$30,001-\$40,000 | <input type="radio"/> \$80,001-\$90,000 |
| <input type="radio"/> \$40,001-\$50,000 | <input type="radio"/> \$100,000+ |
| <input type="radio"/> \$50,001-\$60,000 | |

Do you receive financial assistance through the Free and Reduced Lunch program? YES or NO

Explain any special circumstances why this applicant needs financial assistance. (Employment, family situation, number of kids attending camp, etc.)

Parent Signature: _____ Date: _____

Please return this application to Melissa Muran, Camp Director.

Email: m.muran@ompschool.org