



<b>Camp Ketcha Office Use</b>	
Date received:	__/__/__
Complete / Incomplete:	_____
Registration received:	Y N
Date Registration Entered:	__/__/__

**BOLT - Bicycle Outdoor Leadership Training**  
**FINANCIAL AID APPLICATION 2018**

**Please mail or deliver this with the following three items in order to be considered for financial aid: (check that each item is included)**

1. **This completed signed application** \_\_\_\_\_
2. **Your last two recent paychecks** \_\_\_\_\_
3. **One of the following:**
  - a. **Page 1 of your 2016 Federal Income Tax Return** \_\_\_\_\_
  - b. **A letter from the city stating you receive assistance** \_\_\_\_\_
  - c. **Proof of General Assistance** \_\_\_\_\_

Awards are based on need. Submitting an application does not guarantee that you will be awarded a scholarship. Empty, blanks or false information below WILL dismiss your application.

**1. Camper and Family Information**

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent 1 Last Name \_\_\_\_\_ First \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_

Parent 2 Last Name \_\_\_\_\_ First \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_

If you are not living with the camper's other parent what is your current custody arrangement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this child or any of your children attended Camp Ketcha or Portland Gear Hub programs before? If yes, which programs and which years? \_\_\_\_\_

## 2. Amount of Request

I am requesting financial assistance for my child to attend the programs and dates indicated on the attached registration form and filled in below. Camp Ketcha believes that a strong sense of ownership and pride is developed if the financial aid recipient has contributed to the cost of the program therefore we do not award full scholarships. Please indicate below how much you can contribute to your child's camp experience.

Program	Program Cost	Parent/Agency Contribution	Scholarship Request Amount
BOLT program	\$1500	\$	\$
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Will any other agency or organization be paying for part of your child's tuition? Yes No Amount they will pay \$ \_\_\_\_\_

Agency/Organization Name: \_\_\_\_\_ Contact Person \_\_\_\_\_

## 3. Family Finances

Please name and list the age of the dependents in the household under 16 years of age:

\_\_\_\_\_

\_\_\_\_\_

How many adults (age 18 or older) live in your household including yourself? \_\_\_\_\_

Do any others contribute to the household income? Yes No

Are you employed? Yes No If No, how is your household supported? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

Please explain the circumstances for requesting a scholarship for your child to attend our programs.

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I have read the entire brochure and understand all of the payment policies, and the refund policies. I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify Camp Ketcha within 30 days. If I submit false or inaccurate information, or fail to notify Camp Ketcha of any change in my financial status, I may be terminated from receiving financial assistance from Camp Ketcha. If I am missing information or have not fully completed all sections of this application my request will not be processed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_