



# camp sunshine

## camper scholarship application

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Family Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Marital Status:  Married  Divorced  Widowed  Single  Separated Top Camp Session Choices:

Child(ren)'s name(s) and grade entering in the fall.

1. \_\_\_\_\_ 3. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

Do you attend a church in Lincoln?  Yes  No If so, where?

If so, have you looked into camp scholarships through your church?  Yes  No

Do you have family that would be able to help financially for camp?  Yes  No

### Employment Income Information:

Your Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Position \_\_\_\_\_ Position: \_\_\_\_\_  
Annual Salary: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

### Other Monthly Income:

Unemployment: \_\_\_\_\_ Alimony: \_\_\_\_\_  
Child Support: \_\_\_\_\_ Disability: \_\_\_\_\_  
Food Stamps: \_\_\_\_\_ Housing: \_\_\_\_\_  
Public Aid: \_\_\_\_\_ Other: \_\_\_\_\_

### Approximate Monthly Expenses:

Housing: \$ \_\_\_\_\_ Insurances: \$ \_\_\_\_\_  
Vehicles: \$ \_\_\_\_\_ Education: \$ \_\_\_\_\_  
Food: \$ \_\_\_\_\_ Debts: \$ \_\_\_\_\_  
Utilities: \$ \_\_\_\_\_ Other Expenses: \$ \_\_\_\_\_

Approximate TOTAL Monthly Expenses: \$ \_\_\_\_\_

Are there any special financial considerations or circumstances that make affording camp expenses difficult? Please be specific (use additional pages if needed).

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