



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).
