



# Camp Kawanhee Scholarship Application

For the: \_\_\_\_\_ Season  
(Year applying)

**(Application due by April 15<sup>th</sup>)**

## I. General Information

Boy's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_ Zip: \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_ Home Phone: ( ) \_\_\_\_-\_\_\_\_  
Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: ( ) \_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_ Home Phone: ( ) \_\_\_\_-\_\_\_\_  
Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: ( ) \_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

## II. Family Information

Parent Marital Status: [  ] Married (or equivalent) [  ] Divorced [  ] Separated [  ] Widowed [  ] Single  
Applicant Lives with: [  ] Both Parents [  ] Mother [  ] Father [  ] Other: \_\_\_\_\_  
Number of siblings: \_\_\_\_\_ Ages: \_\_\_\_\_  
Number of siblings living at home: \_\_\_\_\_ Total number of people living at home: \_\_\_\_\_

Describe any special circumstances you feel may help us in considering this application: (attach additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the camper would benefit from camp: (attach additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Please fill out all pages of this application)**

**III. Financial Information**

Does the applicant receive or do they qualify for free/reduced meals at school? [ ] YES [ ] NO

<b>Income (gross) Year:</b> _____ (last tax year)	<b>Family/Mother</b> (if filed separately)	<b>Father</b> (if filed separately)
Family wages and commissions:	_____	_____
Government assistance:	_____	_____
Help from family and friends:	_____	_____
Alimony and child support:	_____	_____
Investments:	_____	_____
Savings:	_____	_____
Boy's total savings and assets:	_____	_____
Other income:	_____	_____
<b>TOTAL INCOME:</b>	_____	_____

<b>Current Monthly Expenses</b> Amount		
Total expenses for household:		
Rent / Mortgage (circle):	_____	_____
All Utilities (phone, water, gas, etc.):	_____	_____
Food and household supplies:	_____	_____
Insurance: Medical	_____	_____
Auto	_____	_____
Dental	_____	_____
Tuition:	_____	_____
Other:	_____	_____
	_____	_____
	_____	_____
<b>TOTAL MONTHLY EXPENSES:</b>	_____	_____

**IV. Supporting Documents**

Please enclose copies of the last full tax years W-2 forms and completed and signed copy of your most current Federal Tax Form, as submitted to the Internal Revenue Service. If parents file separately or are divorced, both tax returns should be submitted when at all possible.

**V. Required Essay (written by the boy this scholarship request is for)**

This essay should express why he wants to go to camp, what he would contribute, and how he would benefit. Please use separate sheet of paper. (there is no limit on essay length, however one page is sufficient)

**VI. Request Amount**

The current full season tuition will be:	\$ _____	(please fill in tuition of program applying for)
Parents anticipated contribution:	_____	
Family of friends contribution:	_____	
Other (trusts, grants, etc.):	_____	
<b>TOTAL:</b>	_____	

Total amount of tuition assistance requested: \_\_\_\_\_

We, the undersigned, have read the Scholarship Information, and certify that all information provided on this application is true, correct and complete.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

\*\*\*\* ALL INFORMATION PROVIDED ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL \*\*\*\*

Please send Completed Forms To:  
George and Raymond Frank Foundation  
Scholarship Program  
P.O. Box 789  
Yarmouth, ME 04096