



SEDOL FOUNDATION SUMMER SCHOLARSHIP PROGRAM APPLICATION

SECTION I: PROPOSED SUMMER PROGRAM

PLEASE ATTACH A COPY OF CAMP PROGRAM DESCRIPTION & COST (from brochure or web page)

Name of program: _____

Name and address of park district or organization: _____
(park district or organization)

_____ street _____ city, state _____ zip code

Is program available in shortened sessions: Yes No

Number of sessions requested: _____ Length of each session: _____ Cost per session \$ _____

Is program sponsored through your local community or park district? Yes No
If no, state reason why local camp program was not chosen.

Will your community or park district program donate towards the expense of this camp? Yes: \$ _____ No
(amount)

This section MUST be completed:	Total Cost of Program:	\$ _____
	Amount you can provide:	\$ _____
	Amount of scholarship requested:	\$ _____

Have you applied for any other camp scholarships this year? Yes No
If yes, state name and address of group(s) you have applied to:

What will your child do if he/she does not attend this program?

SECTION II: FINANCIAL DATA – Section must be completed. Check the appropriate box below.

Annual Income within your household (Include all sources of income such as wages, public aid, child support, and other government assistance). Verification may be requested by the SEDOL Foundation. All information will remain confidential.

\$0 to \$15,000

\$25,001 to \$40,000

\$50,001 to \$60,000

\$15,001 to \$25,000

\$40,001 to \$50,000

Over \$60,000

Number of persons in household: _____ Number of adults: _____ Number of children (age 18 or under): _____

Ages of children in household: _____ Does your child receive Medicaid or SSI: ___Yes ___No

Does your child qualify for free or reduced lunches at school? ___Yes ___No

Please describe any extenuating or unusual circumstances (medical bills, excessive financial burdens, etc.):

SECTION III: STUDENT INFORMATION

Name of Student: _____

Birth Date: _____ Phone: _____

Disability: _____

Name of Parent/Guardian: _____

Address: _____
street city, state zip code

Current School: _____ Dist. of Residence _____

Current Teacher: _____

Current Social Worker / Psychologist (if any): _____

SECTION IV: APPLICANT VERIFICATION

I understand that this application will be kept confidential and will be evaluated to determine whether I qualify for scholarship assistance. I understand that scholarship assistance will be determined by need and availability of SEDOL Foundation Scholarship Program funds. I have answered all of the above questions honestly and completely.

Signature of Parent or Guardian: _____

Relationship to student: _____

Date: _____

APPLICATIONS MUST BE RECEIVED BY APRIL 13th

**RETURN COMPLETED APPLICATION AND
A COPY OF CAMP PROGRAM DESCRIPTION & COST (from brochure or web page)**

**Heather Carey
SEDOL Summer Camp Scholarships
18160 Gages Lake Road
Gages Lake, IL 60030-1819**

RECIPIENTS OF SCHOLARSHIPS WILL BE NOTIFIED BY MAY 15th
DIRECT ANY QUESTIONS TO LINDA AMUNDSEN AT 847-986-2325