

# The Works 2010 Camp Scholarships

Thank you for choosing The Works summer camps. You can register for camp and apply for scholarships at the same time. There are no deadlines for application, but camps fill quickly and scholarship funds are limited, so please apply soon. Print off this form and fill out area **A** or **B** or **C** to apply for a scholarship. Please call Emily at (952) 848-4857 with any questions or for more information.

## Maximum scholarships

If your child or your family receives free or reduced price lunch at school, or assistance from TANF, MFIP, WIC, SSI, Section 8 housing, Medical Assistance or Medicaid (not Minnesota Care) then you may enroll in any of The Works camps for just \$20 per half day camp; \$40 per full day camp. Limit 2 half day camps or 1 full day camp per child. Please fill out area A.

## Half scholarships

If your family receives Minnesota Care or Basic Sliding Fee Childcare Assistance, then your child will receive a 50% scholarship to The Works camps. Limit 2 half day camps per child or 1 full day camp per child. Please fill out area B.

## Partial scholarships

A limited number of camp scholarships ranging from 25% to 50% off camp fees are available for other families in need of assistance, based on financial status and availability of funds. Please fill out area C.

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**A.** Please check the program that your family participates in, then fill in your income and number of children and sign the form. Then mail this page to **The Works 5701 Normandale Road, Edina Minnesota 55424** and include:

- Proof of enrollment in the program you checked or a copy of your federal tax return
- Camp enrollment form, and
- \$20 payment for each camp - limit 2 half day camps per child or 1 full day camp per child. Please include an extra \$20 for a full day camp.

\_\_\_\_\_ TANF      \_\_\_\_\_ Section 8 housing      \_\_\_\_\_ Free or reduced lunch program  
\_\_\_\_\_ MFIP      \_\_\_\_\_ Medical Assistance      \_\_\_\_\_ Medicaid (not Minnesota Care)  
\_\_\_\_\_ WIC      \_\_\_\_\_ SSI

\_\_\_\_\_ number of children in family      \_\_\_\_\_ total family gross income 2009

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need for camp scholarships.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date

**B.** Please check the program that your family participates in, fill in your income and number of children and sign the form. Then mail this page to **The Works 5701 Normandale Road, Edina Minnesota 55424** and include:

- Proof of enrollment in the program you checked
- Camp enrollment form, and
- 50% (half cost) payment for each camp - limit 2 half day camps per child or 1 full day camp per child.

\_\_\_\_\_ Minnesota Care      \_\_\_\_\_ Basic Sliding Fee Childcare Assistance

\_\_\_\_\_ number of children in family \_\_\_\_\_ total family gross income 2009

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need for camp scholarships.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date

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**C.** To apply for a 25% to 50% scholarship, please fill out and sign this form. Mail this form and your camp registration to **The Works 5701 Normandale Road, Edina Minnesota 55424** Do not include payment; we will contact you within 10 days regarding scholarship availability.

\_\_\_\_\_ total family gross income for 2009      \_\_\_\_\_ number of children

\_\_\_\_\_ recent monthly gross income for your family

\_\_\_\_\_ other income (child or spousal support, student grants)

Additional information concerning your financial situation (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need for camp scholarships.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date