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| Scholarship Application 2016 Summer Camp |  |
| Thank you for applying for LCF Kids Scholarship. This scholarship is intended to help those families who are not able to afford our services. LCF Kids will award scholarships to children with disability that has a need to improve their gross motor skills, sport skills, athletic development and social skills. Please complete the application form and submit to info@lcfkids.com |

## Applicant Information

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| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| Street Address |  |
| City ST ZIP Code |  |
| **Parent’s Name** |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Are you a current client of LCF KIDS?

|  |  |
| --- | --- |
| \_\_\_ Yes | \_\_\_No |
| Referred by:\_\_\_\_LCF Kids \_\_\_\_Autism Association \_\_\_\_Down syndrome Association \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_ |
| Summer Camp: Place 1, 2, 3 in space below to prioritize week of preference)\_\_\_\_ Jun 20th – 24th AM \_\_\_\_ Jun 20th – 24th PM \_\_\_\_ Jun 27th – Jul 1st AM \_\_\_\_ Jun 27th – Jul 1st PM\_\_\_\_ Jul 5th – 8th AM \_\_\_\_ July 11th – 15th AM \_\_\_\_ July 18th – 22nd AM \_\_\_\_ July 25th – 29th AM\_\_\_\_ July 5th – 8th PM \_\_\_\_ July 11th – 15th PM \_\_\_\_ July 18h – 22nd PM \_\_\_\_ July 25th – 29th PM |
| What challenges does your child have?\_\_\_ Gross Motor \_\_\_ Social Skills \_\_\_ Coordination \_\_\_ Balancing \_\_\_ Sport Skills\_\_\_ Strength/ Cardio Vascular Endurance \_\_\_\_ Visual Spatial Awareness \_\_\_ Behavioral Problems If so, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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## Household Income

### Average household income:

* \_\_\_\_ Less than $25,000
* \_\_\_\_ $25,000 to $34,999
* \_\_\_\_ $35,000 to $49,999
* \_\_\_\_ $50,000 to $74,999
* \_\_\_\_ $75,000 to $99,999
* \_\_\_\_ $100,000 to $149,999
* \_\_\_\_ $150,000 or more

## Why does your child deserve this scholarship?

### Briefly describe why your child deserves this scholarship, use additional paper if necessary.

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## Any Additional Information we should know?

### Please state any additional information you think we should know that may help your child in this award.

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## Person to Notify in Case of Emergency

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| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded this scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate withdrawal from LCF Kids

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| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |