

**TECUMSEH MIDDLE SCHOOL
CAMP KIMBALL SCHOLARSHIP APPLICATION**

Please complete **ALL** the information requested below if you wish to apply for financial assistance toward the cost of your student's trip. All applications will be considered on the basis of family size and income. We will notify you as to your request for assistance. These applications are kept in strict confidence.

Deadline for application to be turned in: _____

Scholarship Applied for: Sixth Grade Camp Kimball _____

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____
(by signing above I confirm all information on this document to be truthful and correct)

Address: _____

City/State/Zip: _____

Teacher: _____

Is your child receiving:

Free Lunch _____ Reduced Lunch _____ No Assistance _____

If no assistance, answer the following:

Family Income:

_____ Per Week, Month or Year (please circle one)

_____ Total Family Size

Please choose one of the following:

_____ \$60 towards cost of the trip (total cost of trip is \$80)

_____ \$40 towards cost of the trip (total cost of trip is \$80)

All family portion of cost must be paid before trip, regardless of scholarship.

Amount of Scholarship being requested: _____

(No amount of scholarship can be assumed unless notified by the school office)