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Dear Parent/Guardian,

Thank you for choosing Beaver Cross Camp for your child(ren). As a ministry of the Episcopal Diocese of Albany, we are grateful to those who contribute to the Beaver Cross Scholarship Fund. Scholarships from this fund are available to those campers who may need assistance with camp tuition based on family income.

Upon receiving your **Source of Funds form** and this **application**, you will be contacted to let you know if you have been awarded a scholarship and the amount. If you have questions, contact Daniel Hyde, Beaver Cross Director at 518-692-9550 Ext. #114.

_____	_____
1st Camper Name	1st Camper Session
_____	_____
2nd Camper Name	2nd Camper Session
_____	_____
3rd Camper Name	3rd Camper Session
_____	_____
4th Camper Name	4th Camper Session

_____	\$ _____	
Parents or Guardians	Total Family Income for 2017	

Name of your home church	Name of your Pastor	Church phone number

Have any of the campers above attended Beaver Cross Camps before? Y ___ N ___ if so when? _____

Have you applied for assistance from your home church? Y ___ N ___ If so, amount granted: \$ _____

Have you applied for assistance through your Deanery? Y ___ N ___ If so, amount granted: \$ _____

If you have not applied to your home church or Deanery, please explain why:

Please attach a copy/copies of your 2018 tax return(s) covering all family members. (Two pages of Form 1040 showing adjusted gross income and federal taxes paid) to this application when submitting.

On the back of this form, please describe any extenuating circumstances you would like us to consider, i.e.: medical, unemployment etc.

Parent/Guardian Signature Date