



# Beaver Cross 2025 Scholarship Application

Dear Parent/Guardian,

Thank you for choosing Beaver Cross Camp for your child(ren). The Beaver Cross Scholarship Fund **is not a discount program**. Many individuals have donated to the Fund to be able to support children in being able to attend summer camp. From this fund we are able to provide assistance with camp tuition based on family income. Please know that 100% camp scholarship is generally not awarded unless in extenuating circumstances. **Paperwork must be submitted at least 3 weeks prior to your child's time at camp.**

Upon receiving your **scholarship application** and a **copy of your tax returns**, your application will go before our review board. You will then 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 / Guardians

\_\_\_\_\_  
Total Family Income 2024

**How much are you able to contribute to your child's camp payment? (form not accepted without this completed)**

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 2024 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