The Camp Scholarship Fund has been created to help individuals who would otherwise not be able to register their child/children for summer camp. This fund is made possible by contributions from individuals who feel that all children deserve the opportunity to learn and grow at Tanglewood.

**Eligibility Requirements:**
1. Applicants must live in Chemung or Steuben County.
2. Camp Scholarships are granted based on financial need.
3. For individuals who would otherwise not be able to register their child/children up for summer camp.
4. The scholarship is for one camp week.

**Application Requirements:**
1. Complete entire application.
2. Provide the following proofs of income that pertains to your household-
   - The last two pay stubs from all working members of the household, free or reduced lunch statement, unemployment statement, disability or SSI statement, workers comp benefit statement, or public assistance/food stamp statement.
3. Email your completed application tanglewoodoffmgr@outlook.com or mail it to Tanglewood Nature Center 443 Coleman Ave., Elmira, NY 14903

**Incomplete applications will not be considered**
APPLICANT INFORMATION

Child’s Last Name _________________________ First Name _________________________
Date of Birth ________________ School Grade Completing in June 2020 ________________
What camp does your child want to attend? ______________________________________

Parent 1- Last Name _______________________ First Name _________________________
Address ____________________________________________ City _______________________
State _____ Zip ____________
Phone __________________ Email ______________________________________
Employer __________________________________ Work Phone _________________________
Hourly wage __________ Annual Income ____________

Parent 2- Last Name _______________________ First Name _________________________
Address ____________________________________________ City _______________________
State _____ Zip ____________
Phone __________________ Email ______________________________________
Employer __________________________________ Work Phone _________________________
Hourly wage __________ Annual Income ____________

List Names and ages of all dependents, children and adults that live in the home.
Name _____________________ DOB ___________ Name _____________________ DOB ___________
Name _____________________ DOB ___________ Name _____________________ DOB ___________
Name _____________________ DOB ___________ Name _____________________ DOB ___________

Other Wage Earer Information
Last Name _______________________ First Name _________________________
Employer __________________________________ Annual Income ____________

<table>
<thead>
<tr>
<th>Monthly Family Income:</th>
<th>Monthly Family Expenses:</th>
<th>Office Use Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Wages:</td>
<td>Rent/Mortgage:</td>
<td>Total Monthly Income:</td>
</tr>
<tr>
<td>Worker’s Comp:</td>
<td>Food:</td>
<td>Total Monthly Expenses:</td>
</tr>
<tr>
<td>Food Stamps:</td>
<td>Transportation:</td>
<td></td>
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<tr>
<td>Child Support:</td>
<td>Child Care,</td>
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<tr>
<td>All other Income:</td>
<td>Medical:</td>
<td>Approved:</td>
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<tr>
<td>Social Security/551:</td>
<td>Utilities:</td>
<td>Camp:</td>
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<tr>
<td>Unemployment:</td>
<td>All Other:</td>
<td>Comment:</td>
</tr>
<tr>
<td>Total:</td>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>
Are there any special circumstances that you would like us to consider?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

By completing and signing this application, I certify that the information is true and accurate to the best of my knowledge and I grant permission for Tanglewood Nature Center and Museum to verify all information.

Signature ___________________________ Date __________________