



Alaska Council

SCHOOL-AGE PROGRAM

## Scholarship Information

Sometimes circumstances put a strain on the family budget making financial assistance necessary. Camp Fire USA Alaska Council Scholarships are designed to help families through those periods of financial difficulty. Camp Fire is deeply grateful to the individual donors, foundations, and corporations who provide funding to our agency so that we can provide families with financial assistance.

### What is a Scholarship?

- A reduction in program fees for a defined period of time.
- Typically granted for a 3-month period to give the family an opportunity to improve their financial status. Families should reapply if the financial situation is still critical and efforts are made to improve the family's financial status.
- Only awarded to supplement what the family can pay. All families must pay as much as their budget will allow.

### To apply for a Scholarship:

- Complete the Application:** Fill out the Scholarship application. *Answers to all questions are required for the application to be reviewed.* Applications with unanswered questions will be returned causing a delay in processing.
- Return the Application:** Return the completed application to the Camp Fire USA Alaska Council office, via mail or fax.
- Verify Income:** In order to verify income, applicants **MUST** attach copies of most recent pay stubs or income statements for all wage earners in the household. Applications submitted without these attachments will be returned causing a delay in processing.

### What happens next?

- Applications are verified and reviewed by management staff for approval.
- Applicants will be notified regarding the status of their scholarship application by mail from the Camp Fire USA Alaska Council main office. Allow up to four weeks for processing.
- Regular monthly fees will continue to accrue. Applicants are required to pay the portion of the monthly program fee as stated in question 4 of the application.
- Occasionally, applications may be placed on a waiting list until scholarship funds become available.

General questions and to learn more about  
Camp Fire programs

Review the website: [www.campfireak.org](http://www.campfireak.org)  
Or call 279-3551

To check on the status of your  
Scholarship Application

Spring Boling, Accounts Receivable Specialist  
272-4331  
[sboling@campfireak.org](mailto:sboling@campfireak.org)

**CAMP FIRE USA ALASKA COUNCIL  
APPLICATION FOR SCHOLARSHIP  
SCHOOL-AGE PROGRAM**

**Parent/Adult Information**

Name: \_\_\_\_\_ Gender: M F Parent Guardian

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Unemployed Student

Daytime Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F Parent Guardian

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Unemployed Student

Daytime Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Child/Children Information**

**All children in household (full name):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Financial Information**

**List the total amount of gross monthly income from ALL sources**

<u>Monthly Income</u>	<u>Source</u>
\$ _____	Wages, tips and other earnings from all wage earners
\$ _____	Child Support
\$ _____	Government, SSI or Disability
\$ _____	Other: _____
\$ _____	<b>Total monthly income</b>

**A copy of the most recent pay statement or income statement for each wage earner in your household verifying income must be attached with this application.**

1. Do you rent own your home? Monthly rent/mortgage payment: \$\_\_\_\_\_
  - (1a) Does family live in: public housing section 8 housing?
2. Do you have **unusual** monthly bills such as medical, legal? Yes No
 

Please describe: \_\_\_\_\_

  - (2a) If yes: Total amount **you pay** per month \$\_\_\_\_\_
 

*(does not include electric, gas, phone, food, car, insurance)*
3. Have you applied for Child Care Assistance? Yes No
 

**Results:**

  - 3a. Approved: Parent co-pay \$\_\_\_\_\_ authorization expires \_\_\_\_\_**(must answer)**
  - 3b. Don't qualify or denied: Reason: \_\_\_\_\_
  - 3c. Waiting for appointment on \_\_\_\_\_**(give date)**
  - 3d. Placed on waiting list
  - 3e. Did not apply. Give specific reason: \_\_\_\_\_
4. You **must** apply for Child Care Assistance prior to applying for a scholarship.
5. Have you applied for a Camp Fire Scholarship before? Yes No If yes, when\_\_\_\_\_

Scholarship Request
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**All questions below must be answered:**

1. Name of School Site: \_\_\_\_\_
2. What month are you requesting the scholarship to start? \_\_\_\_\_
3. How long do you anticipate needing a scholarship? 1 month 2 months 3 months
4. Scholarships automatically expire on the CCA authorization expiration date listed above (see 3a).
5. What portion of the monthly program fee can you pay? \$ \_\_\_\_\_ **(must answer)**
6. Please explain in detail the need for a scholarship: **Use additional paper if needed.**

Date: \_\_\_\_\_ Registering Parent/Adult Signature \_\_\_\_\_