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## 2016 Camp Lotsafun - Scholarship Policies and Guidelines

### Please read and follow directions - Incomplete forms WILL NOT be considered

Completion of the Scholarship Application is required to determine the camper's need for financial assistance and helps Amplify Life to distribute finite scholarship funds in a fair and equitable manner. We cannot guarantee that all requests for financial assistance will be granted. The allocation of scholarships depends upon need, the number of requests and the amount of available funds. **In order to be considered for a Scholarship, attach a copy of your previous year's tax forms and proof of income.**

#### Policies:

- If you receive regional center/state funding it is our policy that these resources be authorized and allocated towards camp before a scholarship will be considered.
- A completed scholarship application must be returned immediately after you register your child for camp to be considered for a scholarship. It is not an automatic system.
- Once a scholarship has been awarded and the camper has committed to attending camp, camp refund policies apply and there is no reimbursement of fees.
- **A minimum payment of \$100.00 is required for all campers. Exceptions are made in severe financial situations. However, this must be demonstrated by the family.**
- Scholarships will only be available for each camper (1) per summer session; campers attending multiple sessions will not receive multiple scholarships.
- First consideration will be given to scholarships received by the deadlines: August 31<sup>st</sup> for Fall Camp; November 26<sup>th</sup> for Winter Camp; February 28<sup>th</sup> for Spring Camp; May 10<sup>th</sup> for Summer Camps.

To qualify for a scholarship, complete the Scholarship Application form in **full**. Please be assured that all information is kept strictly confidential and only seen by Amplify Life Staff. Eligibility is based on family income and preference will be given to applicants with income at or below the levels in the following chart:

Family Income Guidelines		
Persons in Family/Household Size	Annual	Monthly
1	\$27,075	\$2,256
2	\$36,425	\$3,035
3	\$45,775	\$3,815
4	\$55,125	\$4,594
5	\$64,475	\$5,373
6	\$73,825	\$6,152
7	\$83,175	\$6,931
8	\$92,525	\$7,720
Each Additional Member Add	+\$9,325	+\$777

**\*\*Please note that this is an inflated number from the national poverty line to accommodate the families that are working and supporting their children/adults completely\*\***

A "household of one" means a camper who is his/her sole support. Foster children are one member households if the welfare/placement agency maintains legal responsibility for the child.

**Please Note: If you claim the Camper on your income, he/she is a part of your household and you must supply your proof of income in addition to the Camper's.**



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2016 Camp Lotsafun - Scholarship Request

COMPLETE ALL SECTIONS - Incomplete applications WILL NOT be considered

This form must be received in our office 45 days prior to camp session to be considered.

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

CAMPER INFORMATION

Camper lives with: [ ] Parent Guardian [ ] Foster Home [ ] Group Home [ ] Independently [ ] Other

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

ELIGIBILITY

Camper has Regional Center Benefits or other Third Party Reimbursement? [ ] Yes [ ] No

Annual Gross Combined Income as reported to the IRS: \$ \_\_\_\_\_

Primary Parent Guardian \$ \_\_\_\_\_

Secondary Parent Guardian \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

BENEFITS

Describe how you or your child and/or family will benefit from a scholarship to attend Camp Lotsafun.

\_\_\_\_\_

\_\_\_\_\_

Help us make sure everybody gets to camp. Please tell us how much you can contribute to your camper's camp tuition (we accept payments).

\$ \_\_\_\_\_

PARENT GUARDIAN AUTHORIZATION

I verify that the information I have provided in this scholarship request is true and accurate. I understand that I am responsible for any fees not covered by a scholarship.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_