

# 2017 Scholarship Application

Complete applications, with copy of 1040, may be mailed to:

Impact 2818, Attn: Camp Scholarships  
301 Pennsylvania Parkway, Suite 300  
Indianapolis, IN 46280



## Instructions:

- This form must be completed by a camper's parent or guardian. Please print clearly and fill out the entire form.
- A copy of your most recent IRS 1040 Individual Income Tax Return is required. Either 2015 or 2016's form will be accepted until April 15, 2017. After that date, 2016's will be required. Only the first page is needed (no worksheets).
- Applications received without a copy of the 1040, or that are not completely filled out, will be returned to sender without being processed.
- Please allow up to 3 weeks for processing.

Camper(s) Name(s)	Grade in the fall? (2017-2018 school year)	Event Code*

Is your camper attending **That Thing** at Epworth Forest?      Yes      No  
If yes, will they be using an Individual Ticket OR staying in a group lodge rented by the church they are attending with?       Individual Ticket       Group Lodge

\*The camp you want to go to this summer - **ex. IM231** for Camp Indicoso June 4-9

## Request Information:

**Over the past few years, camp scholarship donations have not been able to sustain the scholarship fund. Starting this year, Impact 2818's INUMC Scholarships will no longer be able to offer scholarships greater than 33% of the cost of camp.**

We understand that financial situations can be complicated. It is our desire that no child be unable to attend camp due to their financial situation. If the award received does not allow your child to attend camp, please consider contacting your local church. Local United Methodist churches often have funds set aside to help youth attend summer camp.

Amount your family is able to contribute, per child, towards the camp fee? \$ \_\_\_\_\_

Amount of support that will be contributed, per child, from church/other sources? \$ \_\_\_\_\_ Source: \_\_\_\_\_

Amount of scholarship funds are you requesting, per camper, from Impact 2818? \$ \_\_\_\_\_ (limit 33%)

## Family Information:

Address: \_\_\_\_\_ Phone #: C H W (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Church: \_\_\_\_\_

# of family members living in the house: \_\_\_\_\_ # of family members attending camp this summer: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Work title/position: \_\_\_\_\_ Annual salary/wage: \$ \_\_\_\_\_

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Does your family currently receive federal or state assistance?

(food stamps, free or reduced lunch program, subsidized housing, etc.)      Yes      No

Please provide any additional information we should consider in making a decision: \_\_\_\_\_

**I hereby declare that the information provided above is true to the best of my knowledge and belief.**

Signature of parent/guardian completing this form: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only
Amount awarded: _____
Code: _____
Date award mailed: _____
Authorized by: _____