

RAY OF HOPE PARTIAL SCHOLARSHIP APPLICATION

Name of Parent/Guardian: _____

Name of Child(ren): _____

Please return to Rebound within one week of receipt. Partial scholarships are distributed on a proven need (via verifiable proof of income) and a first come, first served basis. Please submit your complete, accurate forms by Tuesday May 15th, 2018 in order to be considered for scholarship.

- **Applications received after May 15th may not be considered for scholarship money**
- **Incomplete or inaccurate information will nullify your application**

We want to be excellent stewards of the limited financial resources available to us. We also want to help you, and to do so we need you to help us. To do this, we ask every family to:

1. Pursue state childcare benefits first

- a. If you qualify for benefits, this will likely cover approximately half of the full amount of tuition.

Please initial here if you know you do NOT have state benefits _____

2. Funding from Community Sources

- a. There are a number of community organizations that can help contribute to your child(ren)'s tuition. The more funding you can find in the community, the less will come out of your pocket, and our limited scholarship funds. If you are involved with any of the following organizations, please contact them to see if funds are available to you:

- Blue Skies for Children (360-756-6710)
- Opportunity Council (360-734-5121)
- Catholic Community Services (360-676-2164)
- Lummi Nation Family Services (360-312-2133)
- Your Local Church
- Family or Friends

We strongly recommend that you START NOW with contacting these agencies.

3. Your financial contribution toward your child(ren)'s Ray of Hope tuition

- a. The amount of this contribution is calculated based on your monthly income, the number of people living in your household, and how many children are attending the program. (Confidential Income Statement is attached to the full child application).
- b. The parent contribution is between \$250-\$700 per child depending on the above factors. Once we receive your full application (scholarship app + child app), we will figure out the amount, contact you, and set up a payment plan.

If a payment is missed, your child(ren) will be dismissed from camp until payment has been received.

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4. Family/Household Information:

Has your family been a recipient of a Ray of Hope partial scholarship before?
No Yes When: _____ How much: _____

How many people currently live in your household?
Adults (include self): _____ Children: _____ Total: _____

How many children are you applying for to receive a partial scholarship? List Name(s): _____

5. Why are you requesting this scholarship?

Please tell us a little bit about why you desire your child to attend Ray of Hope. You can include information about their past, your current situation, what you desire for your child, what this could mean for your child, etc. Please keep it to no more than four paragraphs. This helps us understand how the limited scholarship funds can be best utilized. *Please use a separate piece of paper.*

6. Scholarship Requirements – Ray of Hope Family Enrichment Program

If your family is awarded a partial scholarship, Rebound requires at least one parent to attend the Ray of Hope Family Enrichment Program on Tuesday evenings for five of the six weeks of camp.

Please initial here that you understand and are required to attend Ray of Hope Family Enrichment Program every week _____

7. Payment Information:

If your family is awarded a partial scholarship, you will be notified by a Rebound Staff member who will detail your payment requirements. Please know that every family will be required (whether full pay or with a scholarship) to adhere to the payment schedule listed below. Failure to do so will result in your child’s participation in camp being revoked.

If not paid in full by August 2nd, your child(ren) will not be able to participate in the last day of camp (Birch Bay Waterslides) and will not be able to attend future camps until paid.

By signing below, I acknowledge that the information in this application is current and accurate; that I am authorized to communicate with Rebound of Whatcom County regarding payment for Ray of Hope; and that submitting this application does not guarantee either my child’s enrollment in the program, or receipt of partial scholarship.

Signed: _____ Date: _____