



17846 Kimball Creek rd.

Collbran, CO 81624

970-628-5331

info@camp7.us

Camp 7 Scholarship Application

Family Information:

Parent/Guardian Name: _____ Relationship to Child: _____

Phone Number: _____ Email Address: _____

Preferred Method of Contact: _____

Address: _____

Children Information:

Child Name:

Child Date of Birth:

1.) _____

1.) _____

2.) _____

2.) _____

3.) _____

3.) _____

What school(s) does your child(ren) attend? _____

Does your child(ren) qualify for free and reduced lunch at school? (YES/NO)

Household Information:

What is your Annual Gross Income (before taxes)? _____

How many members are in the household? _____

What percentage of scholarship are you asking for? Please check the appropriate box below:

25%

50%

75%

100%

Camp 7 Pricing:

Registration Fee per child: \$30.00

Cost per session per child: \$300.00

Camp 7 Disclaimer: Not every family will receive the full amount that is requested. All families will be required to at least pay the registration fee per child. Also, if you have a balance from a previous year's program, that balance will need to be paid in full before any future enrollment or scholarship applications will be considered.