

CSBC SUMMER CAMP SCHOLARSHIP APPLICATION
Catholic Schools of Broome County

TEL: 607-348-0337 EMAIL: kejohnson@syrdiocese.org WEB: www.csbc saints.org/camp

We cannot take incomplete forms or applications with missing documents.

The CSBC works hard to ensure that no child who wants to attend summer camp is turned away. Through the generosity of private support, we are able to offer Summer Camp Scholarships to help cover the cost of camp registration fees to those in need. Funding is limited and completed applications will be accepted on a first come, first serve basis. **No applications will be accepted after May 30.**

To apply you must:

- Fully complete this form
- Send in your 2020 Internal Revenue Service (IRS) Tax Statement (W2), and/or your SSI allocation

CAMPER NAME(S):

Camper Name: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age at time of camp: _____ Grade this Fall: _____ Camper lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
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***Number of Family Members Including You: ____**

ACCOUNT HOLDER (PARENT/GUARDIAN #1):

(this person will get all mail, email, and phone calls)

Name (First & Last): _____

Email Address: _____ **Please give a correct email address. We will email you at this address. Your email address will not be shared.*

Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country (if outside USA): _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Camper: Mother Father Guardian Other _____ Custodial Parent? Yes No

Employer (if applicable): _____ Job: _____

Full-Time Employed Part-Time Employed Unemployed

PARENT/GUARDIAN #2 (NON-CUSTODIAL PARENT):

(Note: the "Account Holder" named above will get all mail, email, and phone calls)

Check this box if address and home phone are the same as Account Holder

Name (First & Last): _____ Job: _____

Relationship to Camper: Mother Father Guardian Other _____ Custodial Parent? Yes No

Full-Time Employed Part-Time Employed Unemployed

Completed Applications are FIRST COME, FIRST SERVE.

All applications must be received by **May 30**. Late applications will not be reviewed. Awards will be made based on the availability of scholarship funds.

THE FOLLOWING QUESTIONS MUST BE ANSWERED TO PROCESS YOUR APPLICATION.

INCOME INFORMATION:

Total income: \$ _____ (Total annual household income before taxes including income from all outside sources ie. child support, welfare benefits, social security, and disability insurance.) Have you ever applied for financial assistance before from the CSBC? Yes, date: _____ No

What financial contribution will you make for your child’s camp expenses? **(MANDATORY)** \$ _____

REGISTRATION INFORMATION (must check one):

Please check the name of the camp(s) you would like to register for and the number of campers attending:

SUMMER ENRICHMENT CAMPS:

7/5-7/9 - Number attending

7/12-7/16 - Number attending

7/19-7/23 - Number attending

SPORTS CAMPS

Boys Basketball Camp: June 28-July1

Grades 4-6 -Number attending

Grades 7-9 - Number attending

Girls Basketball Camp: July 19-23

Grades 4-6 -Number attending

Grades 7-9 - Number attending

Girls Soccer Camp: July 12-16

Grades K-6 -Number attending

Grades 7-12 - Number attending

Girls Softball Camp: July 12-16

Grades 3-6 -Number attending

Grades 7-9 - Number attending

Girls Lacrosse Camp: July 19-23

Grades 3-6 -Number attending

Boys Soccer Camp: July 19-23

Grades 3-6 -Number attending

Please provide a written statement describing any reason or hardship that this application does not include or you would like us to know on page 3 (required).

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the CSBC. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of financial assistance.

Name (print) : _____ Signature: _____

REQUIRED

Summer Camp Scholarship Application – Written Statement

Describe the hardship(s) or reason(s) for applying:

**For questions or concerns, please contact
the Summer Camp Office:**

kejohnson@syrdiocese.org

Or call: (607) 348-0337.

**Send completed forms and documentation to:
CSBC Summer Camp
70 Seminary Avenue
Binghamton, NY 13905**

Or email them to: kejohnson@syrdiocese.org