



## Scholarship Program

*Made possible through generous donations to the Great Miami Valley YMCA Strong Kids Campaign*

### Requirements:

1. **A copy of the family's 2009 income tax return must be attached to the scholarship application.** If your family does not file taxes, a signed letter from a government services worker stating your benefits is acceptable.
  2. **All scholarship recipients are required to participate in a community service activity for a total of five hours.** Some examples of community service activities include volunteer activities at school or church, mowing the lawn for an elderly neighbor, babysitting at no charge, etc.
  3. **All scholarship recipients are required to write a thank you letter.** "Dear Sponsor, Thank you for helping to send me to Camp Campbell Gard..." Please list activities the child is looking forward to, what camp child is attending.
- \* Scholarships are on a first come first served basis*

### Instructions:

1. **Submit by April 30**
  - a. Completed scholarship application
  - b. A copy of your income tax return. If you do not file taxes, a signed letter from a government services worker stating your benefits is acceptable.
  - c. Completed Registration Form
2. **Wait for your acceptance from Camp Campbell Gard by May 5**
3. **Return by May 30**
  - a. Amount that you are asked to pay
  - b. Your thank you letter
  - c. Community service form
4. Once this information is received, Camp Campbell Gard will send you a packet confirming your registration and will include additional camp information, packing tips, and a health form.
5. Bring your camper to camp on the opening Sunday of your designated week and pick up on the following Saturday.

Camp Campbell Gard  
P.O. Box 13029  
Hamilton, OH 45013  
Phone- 513-867-0600  
Fax- 513-867-0127



**Scholarship Program**  
*Made possible through generous  
donations to the Great Miami Valley  
YMCA Y Care Fund*

**Scholarship Application**  
**(Please return by April 30)**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Address City State Zip

Child's School: \_\_\_\_\_ County: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name/Guardian: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Second Contact Name & Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number in Household: \_\_\_\_\_

Family gross income per year: \_\_\_\_\_

(Total household income including child support, unemployment, public assistance, and other)

*Please submit a copy of your income tax return with this application.*

If you have any questions as to what to send, please contact the Camp office at 513-867-0600.

Did your child attend Camp Campbell Gard last year?     YES     NO

Please explain why you want your child to be a part of this camp program:

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**Community Service Form**  
**(Please return by May 30)**

***To be completed by an adult supervisor:***

Five hours of completed service was completed by:

Name of Camper: \_\_\_\_\_

Name of Agency, group, or individual that was served: \_\_\_\_\_

Verified By:

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Print Name and Title

***To be completed by camper:***

What job did you do?

\_\_\_\_\_  
\_\_\_\_\_

What did you get out of it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did your community get out of it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_