



Learning Center at
Overlook Farm

Heifer International | Learning Center at Overlook Farm

216 Wachusett Street | Rutland, MA 01543-2099

T: 508.886.2221 | F: 508.886.5038 | Email: overlook.farm@heifer.org | www.heifer.org/daycamp

April 2009

Dear Scholarship Applicant,

We appreciate your interest in our programs, and are happy to consider your application for scholarship to our Summer Day Camp. Scholarships are granted on a first-come, first-serve basis and are limited in number. Applications for all sessions will be accepted until filled. Scholarships are limited to one session per candidate, as we try to provide as many scholarships as possible. All information sent as part of this application will be considered confidential and used only for the purpose of awarding scholarships.

Please send the following with your Day Camp registration forms:

1. A completed scholarship application (attached)
2. Financial Information – please submit at least one of the following:
 - Proof of child's use of free or reduced lunch benefits in public school district
 - Food Stamp or TANF case number
 - 2008 Federal tax return
 - Cover letter & completed application including Section C, *Financial Information*

Eligibility Guidelines:

Participants will be eligible for a \$100 scholarship if they meet one of these requirements:

- 1) Participate in a reduced fee lunch program at school.
- 2) Have extenuating circumstances to be evaluated by Heifer Education Supervisor/Day Camp Coordinator.

Participants will be eligible for a \$200 scholarship if they meet one of these requirements:

- 1) Participate in a free lunch program at school
- 2) Are enrolled in a Food Stamp or TANF program
- 3) Live in a household within the U.S. HHS Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty/08Poverty.shtml>). These should be updated in January.
- 4) Have extenuating circumstances to be evaluated by Heifer Education Supervisor/Day Camp Coordinator.

Please send all completed applications to:

**Heifer Learning Center at Overlook Farm
Attn: Confidential Information (Scholarship App)
216 Wachusett St.
Rutland, MA 01543**

All applications will be reviewed on a first-come first serve basis with the final scholarship review date of June 30, 2009. No other scholarships will be considered after this time. Approval or denial of scholarships will be communicated within 7 days of receiving your application by either e-mail or phone.

Thank you for your interest in the Heifer Learning Center at Overlook Farm and our educational programs. If you have any further questions please do not hesitate to contact me by phone at (508) 886-5008 or through e-mail: todd.montgomery@heifer.org.

Sincerely,

Todd Montgomery
Education Supervisor



T: 508.886.2221 | F: 508.886.5 Heifer International | Learning Center at Overlook Farm
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Summer Day Camp 2009 Scholarship Application (Confidential)

SECTION A –Camper & Camp Session Information

Please copy & attach additional page(s) if you have more than two campers. Scholarships are granted for only one session per camper. Please make a first and second choice below.

Camper #1 Last Name First Name Middle Initial Date of Birth (MM/DD/YYYY)

Amount of Financial Assistance requested: \$200 \$100
 Is this a new camper? Yes No

If new, were you referred by someone? _____ If yes, by whom? _____

If returning, how many years has the camper attended our program? _____

Available Sessions:

July 6-10	Aug 3 – 7
July 13-17	Aug 10 - 14
July 20-24	Aug 17-21
July 27– Jul 31	Aug 24-28

First Choice: _____

Second Choice: _____

Camper #2 Last Name First Name Middle Initial Date of Birth (MM/DD/YYYY)

Amount of Financial Assistance requested: \$200 \$100
 Is this a new camper? Yes No

If new, were you referred by someone? _____ If yes, by whom? _____

If returning, how many years has the camper attended our program? _____

Available Sessions:

July 6-10	Aug 3 – 7
July 13-17	Aug 10 - 14
July 20-24	Aug 17-21
July 27– Jul 31	Aug 24-28

First Choice: _____

Second Choice: _____

SECTION B – Parent/Guardian Contact Information

Last Name	First Name	Middle Initial	E-mail Address
Street Address		City	State Zip Code
Home Phone Number	Work Phone Number	Which is better contact number?	

Who has legal custody of camper? _____ Physical custody? _____

SECTION C – Other Family Information

Total number of people in the household: _____ Total dependents: _____

Please list all people living in household. If under 18 years of age, please include ages.

	Name	Age	Relationship to applicant
1.			
2.			
3.			
4.			
5.			
6.			

Please list below all adults who financially care for or contribute to the care of the camper or who contribute financially to the household in which the camper lives. (Attach additional sheets if necessary.)

1. Name: _____ Relationship to camper: _____
Home address if different than that of camper:

2. Name: _____ Relationship to camper: _____
Home address if different than that of camper:

3. Name: _____ Relationship to camper: _____
Home address if different than that of camper:

SECTION D – Financial Information - Income

Applicants who have not attached a tax return, a food stamp case number or proof of free or reduced lunch at their school must fill in this section.

Income (Include all adults who contribute to the financial care of the child or the household in which the child lives).

(1) Parent/Guardian/Contributor’s Annual Gross Income \$ _____

(2) Parent/Guardian/Contributor’s Annual Gross Income \$ _____

(3) Parent/Guardian/Contributor’s Annual Gross Income \$ _____

Alimony Received Annually: \$ _____

Child Support Received Annually: \$ _____

Rental Income Received Annually: \$ _____

State/Federal Aid Received Annually: \$ _____

Totally earnings from stocks/bonds and other investments: \$ _____

Other Miscellaneous Income from any other sources: \$ _____

Total Annual Household Income: \$ _____

SECTION D – Financial Information - Expenses

Only list the expenses which are paid or will be paid from previously listed income.

Higher Education Expenses

List all members of the household from whom you pay tuition for higher education.

Student’s Name	School	Annual Amount of Tuition Paid

Medical Expenses

List all members of the household for whom you pay major medical expenses out of pocket.

List camper first, if applicable.

Individual’s Name	General Expense	Annual Amount Paid

SECTION E - Additional Information

ALL APPLICANTS: Please use this space for any other comments you wish to make, and feel free to continue on the back or on additional sheets. Additional information may help in the decision. This can include what you think the applicant will gain from this experience, and any unusual or special circumstances regarding the applicant or his/her home environment.

SECTION E - Signature

Signature of person completing application:

_____ Date: _____

_____ Print Name

_____ Relationship to Camper

In case of questions, please contact (name) _____ Home

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

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT FORMS WILL NOT BE CONSIDERED.