



Scholarship Application

Instructions:

1. Complete this application form in its entirety.
2. Submit the form via one of the following ways:
 - a. Email to camp@campcedarcliff.org
 - b. Mail it to Camp Cedar Cliff, PO Box 9036, Asheville, NC 28815
 - c. Fax to 828-298-7313
3. Register your camper(s) online by visiting www.campcedarcliff.org or call us at 828-450-3331. A \$75 deposit per camper is required to complete registration.

Note: The \$75 deposit will be refunded if financial assistance is not awarded or if you decide not to accept awarded assistance.

Season of Interest: _____ Name of Parent/Guardian: _____

Name of Camper(s): _____

Address: _____

Phone: _____ Email: _____

As of summer: Age of camper(s): _____ Grade of camper(s): _____

Occupation of Parent/Guardian: _____ # of people in household: _____

Household **annual** gross income: _____ Avg. monthly expenses: _____
(include all child support, gov't assistance, if applicable)

Amount you are able to provide towards camp fee (excluding deposit): _____

Are you sending your child(ren) to any other camps this summer? _____

Have you received assistance from CCC before? Yes No If yes, what year(s)? _____

My child(ren) would like to attend Camp Cedar Cliff the following session:

First choice: _____ Second choice: _____

(CCC tries to honor all requests, but may have to put your child in a different session, based on availability.)

In the space provided below, please give specific details regarding your need for financial assistance and your desire for your child(ren) to attend a Camp Cedar Cliff session. Use a separate sheet of paper, if easier/needed.

I, _____, affirm that all of the above information is correct and I understand that Camp Cedar Cliff reserves the right to stop accepting applications at any time.

Signature: _____

Date: _____

For Office Use Only

Financial assistance awarded? Yes No

Contacted: _____

Amount awarded: _____

They pay: _____

Authorized Signature _____

Date: _____