

Camp S.W.A.G. (Students With Ambitions & Goals) Financial Need Based Scholarship Application

Name:		Single___ Married___ Separated___ Divorced___	
Address:			
City:		State:	Zip Code:
Date of Birth:	Email:		
Phone Day:	Evening:	Cell Phone:	
Employer Name:			
Employer Address:			

2nd Adult Information

2 nd Adult Name:	Date of Birth:
2 nd Adult Employer Name:	
2 nd Adult Employer Address:	

Income Information

Your Annual Gross Income:	2 nd Adult Annual Gross Income:
Child Support Income:	Other Income (Source and amount)
List any special circumstances that are significant to your reason for need:	

Number of Members in Household _____ (Proof of Household size may be required)	
1. _____	Date of Birth: ____/____/____
2. _____	Date of Birth: ____/____/____
3. _____	Date of Birth: ____/____/____
4. _____	Date of Birth: ____/____/____
5. _____	Date of Birth: ____/____/____

Please help others in need by sharing your story with Camp S.W.A.G. to support our Donation Drives.

Yes, I am willing to share my story with Camp S.W.A.G. to support our Donation Drives . ☐

To qualify for the Financial Need Based Scholarship you must submit the following documents:

- Complete the Financial Need Based Scholarship application and return to the following address:

Camp S.W.A.G.
Attn: Christopher Coard, Director of Financial Aid & Scholarships
P. O. Box 3392
Cary, NC 27513
- Household income from most recent tax return (1040 not W2) social security numbers will be Redacted AND
- One month proof of recent income (paystubs), or other proof of your current combined household income (SSI/SSDI, Food Stamps, Child Support, or other Aid)
- Other proof of income verification may be required and/or accepted at the discretion of Camp S.W.A.G, i.e. signed letter from your employer, on your employer's letterhead detailing the weekly income you earn

The information listed on this form is correct to the best of my knowledge and I understand that the Financial Need Based Scholarship is only granted to me by Camp S.W.A.G. is for this event/camp. I must re-apply annually from the date of this application and I will need to apply separately for each event/camp. I understand that it is my responsibility to reapply and that Camp S.W.A.G. will send out a financial assistance expiration notice 30 days prior to the expiration of this application. If I do not reapply for financial assistance my fees will be charged at the full published rate of this event/camp.

Applicant Signature: _____ Date: _____
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*****FOR OFFICIAL USE ONLY*****

Camp S.W.A.G. Event: _____

Start Date: _____ End Date: _____

Initials of Camp S.W.A.G. Staff for approval: _____ Date of approval: _____