



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

Financial Need-Based Scholarship Requirements

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

1. Scholarship Application:

- Complete this Financial Need-Based Scholarship application and return it to the address corresponding to your program location:

Camp S.W.A.G.

Director of Financial Aid & Scholarships

P.O. Box 3392

Cary, NC 27513

OR

Camp S.W.A.G.

Director of Financial Aid & Scholarships

P.O. Box 480575

Los Angeles, CA 90048

2. Proof of Household Income:

- Submit a copy of your most recent tax return (Form 1040, not W-2). Social Security numbers will be redacted.

3. Proof of Current Income:

- Provide one month of recent income verification, such as:
 - Pay stubs
 - Proof of government assistance (e.g., SSI/SSDI, Food Stamps, Child Support, or other aid)

4. Additional Income Verification (if required):

- At the discretion of Camp S.W.A.G., additional documentation may be required, such as:
 - A signed letter from your employer on official letterhead detailing your weekly income.

Important Information

1. Confidentiality:



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- All personal and financial information provided will be kept strictly confidential and used solely for the purpose of evaluating scholarship eligibility. Camp S.W.A.G. will not share your information with third parties without your consent.

2. **Non-Discrimination:**

- Camp S.W.A.G. awards scholarships without regard to race, ethnicity, religion, gender, sexual orientation, or disability.

3. **Fraud Disclaimer:**

- Providing false or misleading information in this application may result in disqualification from scholarship eligibility and potential repayment of funds.

4. **Reapplication:**

- Scholarships must be reapplied for annually, starting from the date of your original application. A separate application is required for each event or camp.

5. **Expiration and Reapplication Notices:**

- Camp S.W.A.G. will send a financial assistance expiration notice 30 days before the expiration of your current scholarship.
- If you do not reapply before the expiration date, you will be charged the full published rate for the program, event or camp.

6. **Appeals Process:**

- If your scholarship application is denied, you may request a review by contacting the Director of Financial Aid & Scholarships within 14 days of receiving the decision.
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1st Adult Information

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:	



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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: ___/___/___

Applicant Certification

By signing below, I certify that all information provided in this application is accurate to the best of my knowledge. I understand and agree to the terms and conditions outlined above.

Applicant Name (Printed): _____

Signature: _____ **Date:** _____

Parent/Guardian Name (if applicable): _____

Signature: _____ **Date:** _____

Deadline

All applications and supporting documents must be submitted by **June 30th**. Late submissions may not be considered.



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*****FOR OFFICIAL USE ONLY*****

Add any additional notes below:

Camp S.W.A.G. Program/Event: _____	
Name of Camp S.W.A.G. Staff : _____	Date of approval: _____
Signature of Camp S.W.A.G. Staff: _____	
Program/Event	
Start Date: _____	End Date: _____