



**2019 Scholarship Application**

To be considered for a scholarship, candidates must completely fill out all portions of this application.

**BASIC INFORMATION**

**APPLICANT # 1**

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_ Age on July 1, 2019: \_\_\_\_\_

Current school of applicant: \_\_\_\_\_

**APPLICANT # 2 (Optional)**

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_ Age on July 1, 2019: \_\_\_\_\_

Current school of applicant: \_\_\_\_\_

**APPLICANT # 3 (Optional):**

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_ Age on July 1, 2019: \_\_\_\_\_

Current school of applicant: \_\_\_\_\_

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Original (native) speaking language of child:    \_\_\_ English    \_\_\_ Other

Applicants live with:    Both Parents \_\_\_    Father only \_\_\_    Mother only \_\_\_    Other \_\_\_

If "Other", please explain: \_\_\_\_\_

**Father/Stepfather/Guardian**

**Mother/Stepmother/Guardian**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Divorced Parents: Will both parents be contributing towards tuition?    Yes \_\_\_ No \_\_\_

How many summers has your son/daughter attended Pok-O-MacCready Camps? \_\_\_\_\_

*(Next page: Financial Statement)*

## AID REQUEST

**2019 Tuition Prices:**    7 Weeks (\$8200)    4 weeks (\$6400)    3 Weeks (\$4600)  
Rookie Camp: \$3200    Day Camper: (First Time- \$2050 / Returning- \$2250)

These rates reflect a close estimate and may vary, depending on the camp and session. Knowing the above rates, and the number of children applying for aid,

**My 2019 scholarship request is: \$ \_\_\_\_\_**

**Our preferred camp session is\* \_\_\_\_\_**

\* Scholarship may be applied towards any session.  
Families are fully responsible for the balance of tuition + all expenses

## INCOME STATEMENT

Scholarships are based in great part on financial need, with families also paying their fair share towards tuition. To help the Foundation award the correct stipend to each family, the following financial information is required. All information provided will be kept in strict confidence. **The foundation may request an applicant's tax returns, and should that request be denied, it is understood that this may decrease the applicant's chances for receiving financial aid.**

**Parents' Annual Income:**

- A. Wages, Salaries, Tips  
    Father/Stepfather (Annual Income)..... \$ \_\_\_\_\_  
    Mother/Stepmother (Annual Income)..... \$ \_\_\_\_\_
- B. Dividends, Interest, Business Profit, Alimony/Child Support.....\$ \_\_\_\_\_
- C. Other Taxable Income .....\$ \_\_\_\_\_

**Total Annual Income    \$ \_\_\_\_\_**

1. Number of household members dependent on the above income: \_\_\_\_\_
2. Are there any other funds that will be applied to the candidate's camp fees, such as legacies, gifts, trust funds, or aid from relatives, friends, or organizations? \_\_\_\_\_
3. If you own a home, cooperative, or condominium apartment, please indicate:  
    Purchase price \$ \_\_\_\_\_ Year Purchased \_\_\_\_\_  
    Monthly Mortgage \$ \_\_\_\_\_ Unpaid mortgage \$ \_\_\_\_\_
4. If you rent a home/apartment, what is your monthly rent? \$ \_\_\_\_\_
5. Do you own other real estate? Yes \_\_\_ No \_\_\_    If yes, please specify monthly mortgage and value:  
    Monthly Mortgage \$ \_\_\_\_\_ Value \$ \_\_\_\_\_
6. Total amount of savings and/or stocks: \$ \_\_\_\_\_
7. Please specify any debts, unexpected or unusual financial circumstances:  
\_\_\_\_\_  
\_\_\_\_\_
11. Total annual educational expenses (tuition, room, board, books, etc.) for all children: \$ \_\_\_\_\_

*Next Page: (Personal Inquiry)*

## PERSONAL INQUIRY

In order to get a better understanding of the candidate, and to accurately evaluate the qualification criteria for some of our specific scholarships, we ask all applicants to answer the questions below. Parents are encouraged to assist, and welcome to fill out the responses. PLEASE PRINT A SEPARATE FORM FOR EACH CANDIDATE. *(You may use the back of this sheet for longer responses)*

**If you have spent time in the past studying the environment, or in the mountains, or taking part in wilderness activities, tell us why you enjoy it. If you have not, tell us why you would like to:**

**At school, what do you consider to be your strengths? What are your favorite classes, extracurricular and social activities?**

**What about the summer camp experience are you most looking forward to?**

*I certify that the information reported on this form is, to the best of my knowledge, correct and complete, and understand that the foundation reserves the right to request financial documentation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\* Please return application, along with cover letter and reference forms, by January 15, 2019 to:  
The Adirondack Scholarship Foundation, c/o Tim Singer, Director – 63 Maple Leaf Lane, Shelburne, VT 05482 \*\*\*