



Phoebe Needles Center, Inc.

Scholarship Application Form



ABOUT OUR SCHOLARSHIPS

Phoebe Needles Center, Inc. works tirelessly throughout the year to raise funds (through donations and grants) to help keep camp costs down for our camp families. This work allows us to charge approximately 70-75% less for a week of camp than what it actually costs us to provide a week of camp per child. Donations to either the **Bob Strong Summer Camp Fund** or the **Alaina Mentkow Scholarship Fund** are used to provide additional help to families in need. **Applicants should complete one scholarship form per family. It is not necessary to complete one form for each child.**

About the Bob Strong Summer Camp Fund: For nearly 20 years, Bob Strong served on the Board of Phoebe Needles. He also served as the medical director for our summer camps, recruited many board members, and helped with fundraising. He is remembered as being enthusiastic, faithful, and willing to promote Phoebe Needles Programs like no other, and he is greatly missed. In 2022, we started this special fund with the hope of raising at least \$25,000 to create a perpetual fund that will support our Summer Camp Programs for many years to come.

About the Alaina Mentkow Scholarship Fund: Alaina Mentkow was a former Phoebe Needle Camper. Her parents established this fund in her memory, as they wanted other young people to have the same great residential summer camp experience as their daughter had for many weeks at Phoebe Needles. They believed that spending a week away from home and day-to-day friends in a rural, residential setting that provides challenging activities, a supportive staff, and lots of fun, is of great benefit to every person.

How Scholarships are Awarded: The Phoebe Needles Board of Directors is committed to ensuring that every child wishing to attend a week of summer camp can do so regardless of their ability to pay. All scholarships are need-based. Scholarship applications will be reviewed by a Board Committee that will determine the scholarship award amount. In general, each family is asked to contribute a minimum of 1/3 of the camp fee, along with the Registration Fee. If possible, families who are unable to provide this amount are asked to reach out to a relative, friend, church, or civic organization for help with paying this amount.

How to Submit This Application: This Scholarship Application should be submitted along with a completed Registration/Medical Form for each camper, and the \$15/\$16 Registration Fee per camper. Application materials can be emailed to officemanager@phoebeneedles.org, or mailed to/dropped off at our facility located at 732 Turners Creek Road, Callaway, VA 24067.

HOUSEHOLD INFORMATION

Please provide the following information about your household. Please **DO NOT** leave any information blank. *(Leaving information incomplete will delay processing.)*

Custodial Parent(s)/Guardian(s) Name(s) _____

Address (street address, city, state, zip) _____

Primary Phone Number _____ Email Address _____

In the chart below, please list the names of all **children attending Summer Camp 2024 @ Phoebe Needles**, and check boxes or enter requested information as appropriate: *(If more than 5 children please attach an additional sheet of paper.)*

Child's Name	Does child have a currently incarcerated parent?	Does child have a parent that is currently actively deployed in the US Military?	Type of School Child Attends?	Which Type of Camp Session will child attend?
			PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> HOME <input type="checkbox"/>	DAY CAMP <input type="checkbox"/> RES CAMP <input type="checkbox"/> BOTH <input type="checkbox"/>
			PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> HOME <input type="checkbox"/>	DAY CAMP <input type="checkbox"/> RES CAMP <input type="checkbox"/> BOTH <input type="checkbox"/>
			PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> HOME <input type="checkbox"/>	DAY CAMP <input type="checkbox"/> RES CAMP <input type="checkbox"/> BOTH <input type="checkbox"/>
			PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> HOME <input type="checkbox"/>	DAY CAMP <input type="checkbox"/> RES CAMP <input type="checkbox"/> BOTH <input type="checkbox"/>
			PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> HOME <input type="checkbox"/>	DAY CAMP <input type="checkbox"/> RES CAMP <input type="checkbox"/> BOTH <input type="checkbox"/>

HOUSEHOLD INFORMATION (continued)

Please complete the following questions about your household. Please **DO NOT** leave any questions unanswered.

1. What forms of financial assistance are you currently receiving? *(Please check all that apply.)*

- FREE/REDUCED lunch at school WIC SNAP *(Supplemental Nutrition Assistance Program—food stamps)*

2. Please check the box next to the income range below that most closely represents your household:

- Less than \$15,060 \$36,581—\$41,960
 \$15,061—\$20,440 \$41,961—\$47,340
 \$20,441—\$25,820 \$47,341—\$52,720
 \$25,821—\$31,200 More than \$52,721
 \$31,201—\$36,580

3. What is the total number of people living in your household? _____

4. What is the total amount of camp fees expected for all children listed on page one to attend all the camps selected? *(You can obtain this info by adding the tuition amount from the chart on Page 1 of each child's Registration Form.)* \$ _____

5. What is the total amount of "community financial assistance" you are receiving from relatives, friends, civic organizations or churches toward these camp fees? \$ _____

6. Not counting the "community financial assistance" above, how much of the total camp fees from question 4 above are you able to pay? \$ _____

Are there any special considerations we should be aware of in determining a scholarship for your children?

ATTESTATION & SIGNATURE

By signing below, I/we attest that all the information given on this form is true and correct to the best of my/our knowledge, and I/we acknowledge that proof of income may be requested by Phoebe Needles Center, Inc. to completely process this application.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:		How Scholarship Applied Per Camper	Camps Attending & Amount Applied Per Camp	Total BSSCF	Total AMSF	Total MIL	Total INC
Board Committee Review Date:		Camper 1					
Scholarship Amount Requested:		Camper 2					
Scholarship Amount Awarded:		Camper 3					
Full or Partial:		Camper 4					
Registration Fees:		Camper 5					
Deposit Fees:							

COMMITTEE REVIEW and PROCESSING NOTES:
