

NORTHWEST SOCCER CAMP

Scholarship Application

APPLICANT INFORMATION			
Date:	Camper Name:	DOB:	
Applicant Name:			
Address:	City:	State:	ZIP:
Phone:	E-mail Address:		
Camp Session # Applying For:			
Amount Camper/Parent/Guardian Can Contribute:			
Your Proposed Payment Plan (e.g., monthly installments):			

SCHOLARSHIP PHILOSOPHY/POLICY
Our goal is to assist young people who otherwise would not be able to attend camp. NSC's practice is to award a little to as many as possible (typically the award maximum is \$100 per camper). We believe that the benefits of working and contributing are long-lasting and, therefore, each camper should pay something toward their camp experience. Please note that all balances must be paid at least three weeks before the camp session.
1. Personal medical insurance coverage is required for camp attendance/registration.
2. A complete application includes this page, a camp registration form and a \$150 deposit. Incomplete applications will not be processed. We request submission of all materials by mail to NSC, 10003 N. Division Ste. 100, Spokane, WA 99218.
3. The deadline for submission of this application is <i>May 15</i> ; early application is encouraged for greater session availability.
4. Award notification will occur twice monthly beginning in April.
5. Should the desired session be full, options include placement on a waiting list or in an alternate open session.
6. If a request is denied or funds are not available, the deposit will be returned.

PLEASE EXPLAIN THE FINANCIAL NEED: (continue on reverse side if needed)

PLEASE LIST STATE-FUNDED ASSISTANCE YOU RECEIVE: (e.g., food stamps, school lunch program, etc.)

SIGNATURE
I certify that my answers are true and complete to the best of my knowledge. Should this application lead to a financial scholarship, my signature below indicates that I have read and agree to the scholarship policy. I understand that failure to comply with the policy may result in termination of the award.
Applicant Signature: _____ Relationship to Camper: _____

RETURN BY MAIL to NSC, 6830 NE Bothell Way, Suite C, Kenmore, WA 98028