

Solid Rock Day Camp a ministry of Grace Fellowship Church

37 Stephens Road, West Milford, NJ 07480
Phone: (973) 728-4460
www.solidrock.camp



December 1, 2024

Camper Scholarship Application

Dear Parent or Guardian,

We are excited that you want your child to spend a week(s) with us this coming summer. A week at camp truly is a life-changing experience and we want to help make this possible for your child! Please complete the enclosed Camper Scholarship Application request form and return it to us as soon as possible. We need this basic information for our records and assure you that it will remain confidential. We do feel that a camper (or parent/guardian) should have partial responsibility in paying a portion of the tuition, which will also enhance their camp experience. We ask that each family contribute as much as they can. If this is not possible, please indicate reasons below and we will try to work with you. In general, options such as clinics, adventure programs, transportation, food, and extended care are not covered by the scholarship program. We review all scholarship applications monthly. All requests received by the 15th of each month will be reviewed and we will inform you of the scholarship awarded by the end of the month. Please review the Camper Scholarship Application procedures on the bottom of this letter. Again, thank you for your cooperation and participation at Solid Rock. If you have any questions, please do not hesitate to contact the camp office. We look forward to seeing you this summer.

Scott McQuade

Scholarship Fund Administrator

Procedure

- It is our desire that all children should have the opportunity to come to camp. The purpose of the Camper Scholarship Fund is to provide financial assistance for those who otherwise would not be able to attend camp. We view this process as a partnership between the family and the camp.
- Scholarships are based on need and extenuating circumstances and are given on a first-come, first-served basis (funding is limited). The fund is provided through the generosity of local individuals, foundations and companies. Your expressed appreciation would be welcomed.
- **Please note that if you are provided assistance, your child will not be able to sign up for additional clinic programs, with the exception of the swimming clinic.**
- To help our limited scholarship resources assist as many campers as possible, we ask the camper's parents to contribute as much as possible and to pursue assistance from extended family, friends, work, church, and other social service and charitable organizations. For Passaic County residents we recommend 4C's in Paterson: 973-684-1904. For Morris and Sussex County residents we recommend NORWESCAP: 908-454-7000.
- To process scholarship requests, submit the complete Camper Scholarship Form to the camp office.
- Scholarships are reviewed and awarded monthly.
 - All scholarship applications received by the 15th of the month will be reviewed during that month.
 - Those requests will be notified by the end of the month of the amount awarded.
 - Scholarship applications received after June 15th will be reviewed on an as needed basis.
- Once a scholarship is approved, campers will still need to be registered and all forms and information must be completed and submitted.
- All scholarship applications must be submitted before you arrive at camp. We are not able to honor requests for scholarships once campers have arrived at camp.
- **All families receiving scholarship funding are required to send a thank you note/card to the camp office prior to attending camp.**
- Recipients are responsible to pay for any costs not covered by the scholarship. Campers will not be permitted to attend camp unless week is paid in full.



2025 Camper Scholarship Application

Please complete both pages of the following application and provide any additional paper work or other supporting documents that would help us make an eligibility determination. Mail, email, or drop off the completed application to the camp office. If your application is submitted prior to the 15th of the month, you will hear back by the end of the month, if it is after the 15th of the month you will hear back by the end of the following month.

Camper's Name: _____ Age: _____ Gender: _____

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Camper's Name: _____ Age: _____ Gender: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Please circle best number to reach you at

Father's Occupation: _____

Place of Employment: _____ Position: _____

Approximate monthly income: _____ Annual Gross Income: _____

Mother's Occupation: _____

Place of Employment: _____ Position: _____

Approximate monthly income: _____ Annual Gross Income: _____

Parent's Marital Status: Married Divorced Single Widowed Separated

Number of individuals in the household: _____

If you receive Food Stamps please indicate your Food Stamp Case Number _____

If you receive TANF Benefits please indicate your TANF Benefits Case Number _____

Has your child received financial assistance from Solid Rock Day Camp before? YES NO

Please explain why you are requesting financial assistance or any special circumstances that we should be aware of in considering your request. _____

What level of financial assistance are you requesting? Will siblings be attending? How many weeks would you like to attend? _____

The Camper Scholarship Program is a partnership between the camper's family and the camp. Please consider what your family and extended family can contribute to the cost of camp. Contact your pastor to see what amount your church may contribute. You should apply for assistance with 4C's, NORWESCAP or a similar program before submitting this application. Enter these amounts on the lines below to figure the amount of scholarship that you are applying for.

Have you checked with extended family, friends, work, church or other social service or charitable organizations to see if they will help provide funds for camp? YES NO

If yes, please list the sources and amounts they were able to contribute (we don't need specific names or individuals, just indicate "family" or "friends"). If no, please indicate why you have not reached out to anyone.

Have you applied for assistance from 4C's or NORWESCAP? YES NO

If yes, please indicate who you have reached out to and what their determination was. If no, please indicate why you have not reached out for assistance. _____

\$ _____ Total amount I can pay

\$ _____ Total amount provided by my extended family, friends, work, church, or other social service or charitable organizations

\$ _____ Total amount I am requesting from the Camp Scholarship Fund

Please attach a copy of last years 1040 tax return for both you and your spouse. Please also attach a copy of a current paystubs. These documents will be reviewed to help make an appropriate decision and then will be shredded. I certify that all of the above information and any supporting documentation are true, accurate and correct. I also certify that all income has been reported. I understand that any scholarship awarded is subject to revocation and/or adjustment if found to be otherwise.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only	
Granted / Denied	Date: _____
Amount of Financial Aid Granted: _____	
Reviewed by: _____	