



# Mountain Sprouts Children's Community

## [Summer Camp Scholarship Application]

Child's Name:
Parent/Guardian Name:
We are: _____ Residents of Chelan County or _____ Non-residents
Camp week requesting scholarship for:

MSCC Scholarships are need-based and available at the discretion of the BOD, who may choose to limit scholarships based on enrollment, licensed capacity, staffing, and community needs. The number of scholarships awarded may change at any time at the discretion of MSCC. MSCC does not guarantee the total amount requested will be awarded. A negative determination may not be appealed; however, a new application may be submitted anytime.

What tuition range are you able to pay in dollars/week: \$_____ to \$_____
Statement of Need: <i>(Please give a brief description demonstrating need. Applications are reviewed by the board, please do not include any names in your statement of need as to keep your application anonymous.)</i>

In signing this application, I certify that this information I provide is true to the best of my knowledge. Parent/Guardian Signature: _____ Date: _____
---

MSCC administers the assistance program without discrimination based on race, color, religion, national origin, sexual orientation or family structure. All Tuition Assistance Applications will be handled in a respectful and confidential manner. Children must be regularly enrolled to qualify for tuition assistance

Date Received:	Scholarship Type:	Amount Awarded:
----------------	-------------------	-----------------

Date Received:	Scholarship Type:	Amount Awarded:
----------------	-------------------	-----------------