ChChorus

Cooking

SUMMER YOUTH

PROGRAM

SCHOLARSHIPS

AVAILABLE

CEFS has Youth Summer Scholarships available. Income eligible families should apply at their local CEFS office.

Sports

Art

Swimming

Dance

Acting

Cheering

Having trouble finding room in your budget to send your child to camp?

SUMMER YOUTH PROGRAM

SCHOLARSHIP APPLICATION

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor of Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Camp Starts: \_\_\_\_\_\_\_\_\_\_\_\_ Date Camp Ends: \_\_\_\_\_\_\_\_\_\_

Family Income for past 30 days\* \_\_\_\_\_\_\_\_\_\_\_

Number of persons in household: \_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

agree to provide verification of completion of the class/camp listed above.

I certify that all information is complete and accurate. I also give permission for news/photo release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor or Coordinator Signature Date

\* Family income is defined as income from all sources from all members of the Household. Proof must be provided. Once approved for the scholarship, additional household statistics will be needed by CEFS staff in order to pay for camp fees.

Copies of all income for the last 30 days must be provided. Income from all sources must be reported for anyone residing at the same address as the applicant. We use gross income to qualify.

***All information must be returned to one of the C.E.F.S. Offices listed below***

CEFS Clay County CEFS Effingham County CEFS Montgomery County

835 West North 1010 Jefferson Ave. 8353 IL Route 127, P.O. Box 128

Flora, IL 62839 Effingham, IL 62401 Taylor Springs, IL 62089

618-662-4024 217-347-7514 217-532-5971

CEFS Fayette County CEFS Shelby County CEFS Moultrie County

517 W. Gallatin St. 515 N Cedar St. 114 E. Harrison St.

Vandalia, IL 62471 Shelbyville, IL 62565 Sullivan, IL 61951

618-283-2631 217-774-4541 217-728-7721

CEFS Christian County

Outreach Office

220 W. Franklin St.

Taylorville, IL 62568

217-824-4712

|  |  |
| --- | --- |
| **Family Size** | **200% 30 Day** |
| 1 | $2,430.00 |
| 2 | $3,287.00 |
| 3 | $4,143.00 |
| 4 | $5,000.00 |
| 5 | $5,857.00 |
| 6 | $6,713.00 |
| 7 | $7,570.00 |
| 8 | $8,427.00 |
| For family units with more than 8 members, add $1,285 for each additional member. | |