

## **REQUEST FOR ASSISTANCE FROM BLOOMFIELD HILLS SCAMP SCHOLARSHIP FUND**

There are limited PARTIAL scholarships available to those that apply and qualify. Please fill out this form completely and mail it back to SCAMP along with a copy of your 1040 tax cover page with your social security number blacked out. This information will be used by SCAMP to consider assistance based on the following criteria:

1. Family income of \$40,000 or less
2. Documented financial hardship such as loss of job
3. More than one child in SCAMP

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street City, Zip Code

GENDER \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CHILD'S DISABILITY \_\_\_\_\_

FROM WHAT OTHER AGENCIES OR ORGANIZATIONS HAS HELP BEEN REQUESTED?  
\_\_\_\_\_

WHAT ASSISTANCE HAS BEEN RECEIVED?  
\_\_\_\_\_

### **FAMILY REPORT**

CHILD'S FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

OCCUPATIONS: \_\_\_\_\_

TOTAL MONTHLY GROSS INCOME FROM ALL FAMILY SOURCES: \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN LIVING AT HOME: \_\_\_\_\_

YEARLY GROSS INCOME BASED ON LAST YEARS 1040: \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

#### ***Office use only:***

*SCAMP has approved this child in the amount of:* \_\_\_\_\_

*Emily Price ~ SCAMP Coordinator* \_\_\_\_\_ *Date* \_\_\_\_\_

The entire application must be filled out and all items necessary received with your application in order to study the merits of your case.

***All scholarship applications are due NO later than May 1<sup>st</sup>.***