



Please submit a separate application for each child.

1. Participant Information

Participant Name: _____

Full Address: _____

Age ____ Grade Entering (September 2026): ____ School Attending (September 2026): _____

2. Parent/Guardian Information

Parent/Guardian Name: _____

Email address: _____ Phone Number: _____

3. Program Interest

Please list the camp(s) or recreation program(s) the participant would like to attend:

4. School District Information

Does the participant attend Upper Dublin School District? ____ YES ____ NO

If YES does the participant receive free or reduced lunch? ____ YES ____ NO

If YES, please indicate: ____ FREE LUNCH ____ REDUCED LUNCH

A copy of the letter from Upper Dublin School District confirming free or reduced lunch must be submitted with this application. This documentation will be used to determine scholarship eligibility and discount amount.

5. Household Information

Combined annual household income: \$ _____ Number of people living in household: _____

6. Statement of Need

Please briefly explain the financial hardship or circumstances that make this scholarship necessary for the participant.

7. Scholarship Application Agreement

By signing below, I confirm that the information provided in this application is accurate.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:	
Approved? ____ YES ____ NO	Approved By: _____
Approval Date: _____	Scholarship Amount Approved: \$ _____
Participant Cost (Amount the family will pay): \$ _____	
Notes: _____	