



Camp Scholarship Application for Returning Campers

Guardian Information:

Name _____

Address _____ City, State, Zip _____

Email Address* _____ Cell Phone Number _____ Alt Phone _____

Alt. Phone is: Home Work Other Guardian _____ Other _____

Child(ren) Information:

Name _____ Birth date (xx/xx/xx) _____ Gender _____

Current grade _____ School _____

Child(ren) Information:

Name _____ Birth date (xx/xx/xx) _____ Gender _____

Current grade _____ School _____

Camp Info:

Check which session you are applying for Spring Break _____ Summer _____ Both _____

For which city are you applying for aid? Bedford, IN Chicago, IL Waukegan, IL Arlington Heights, IL Sheboygan, WI

What is the full price cost of the camp? \$ _____

Compass Creative Dramatics believes in offering dynamic, challenging, theatrical enrichment programming and strives to make their programming affordable and accessible. In that effort, CCD offers a limited number of financial aid enrollment to both to new & returning campers. In 2015, CCD offered free classes to 700+ students in 6 cities across 3 states and over 15% of their 2015 campers received financial aid or scholarship. To allow Compass to provide assistance to as many families as possible, CCD requests that each family contribute 20%-75% of the full camp fee. If financial hardship is too great, a request to waive any contribution may be submitted.

Financial details:

What is the amount of aid that you are requesting? \$ _____

1st family financial contributor:

Name _____ Employer(s) _____

Average Monthly income \$ _____

2nd Family financial contributor:

Name _____ Employer(s) _____

Average Monthly income \$ _____

Total monthly income any adult who contributes to the financial support of the listed children \$ _____

Does your child qualify for free/reduced lunch? Yes No Yes, but we do not participate

Feel free to include any financial paperwork/statements that help us have a clear understanding of your financial need and that will aid us in making our decision.



Personal Statement of Need:

Please take this space to explain your financial need, why you would think your child would enjoy returning to participate in our programming, and what you hope your child will gain from participation this year. Feel free to add additional pages, if necessary.

I understand that this is only an application to request financial aid and is not a promise or guarantee of assistance. Compass Creative Dramatics reserves the right to offer the full amount requested, partial amount, or no financial aid to any applicant. I understand that if awarded financial aid that I will be held liable for any remaining balance due not covered by the financial aid. I understand that if I am selected to receive aid I have the right to accept or refuse the assistance offered within 7 days. If I do not accept within 7 days, the offer is considered void and a new application must be submitted for any consideration.

If I accept financial assistance from Compass Creative Dramatics I understand that I must still complete the registration, information, and waiver forms to be allowed to participate. Please note that students and guardians are responsible for following the codes of conduct and failure to do so could result in the loss of privilege to attend camp. If a child is dismissed from camp for behavioral misconduct they will not be allowed to apply for financial assistance again for one calendar year. If a family voluntarily withdraws before or during camp session after accepting financial assistance, that family will not be eligible for assistance for one calendar year.

Applications due by May 1st for summer camps and March 1st for spring camps.

You may either fill the forms out, scan them, and email them back, or you may send them via snail mail to:

Compass Creative Dramatics
PO Box #409160
Chicago, IL 60640

Signed

Name Printed

Date