



**Camp Thorpe
2022 Scholarship Application
CONFIDENTIAL**

Name of Camper Applicant: _____

Name of Parent/Guardian: _____

Address: _____ City/Zip: _____

Email Address: _____ Best Phone Contact: _____

Please check True or False to the following statement:

Our gross household income is low income as determined by the U.S. Department of Housing and Urban Development (HUD) guidelines for Vermont and we are in need of financial support in the form of a full or partial scholarship in order for the applicant to attend Camp.

- TRUE
- FALSE

Please check which level of scholarship you are applying for:

- Full
- 50%

Please describe the nature of your need and how Camp Thorpe can help:

Certification

I certify that the above information is true and complete as of the date of this application. I understand that all fees and proof of eligibility are required and due at the time of registration. I understand that any misstatement regarding my familial status and/or income is considered perjury and punishable under law.

Signature of Applicant

Date
