



Camp/Clinic Scholarship Application

Please complete entire application and print legibly. Only one scholarship per applicant per summer will be awarded.

Mail Completed form to - 4TCC -- Po Box 91 -- Ovid, NY 14521 Contact Information

Parent(s) Name	
Child's Name	
Grade Level	
Street Address	
City, State, Zip Code	
Home Phone	
E-Mail Address	

Family Information

How many family members are living in the home? _____ Dependent Children _____ Adults _____

Scholarship Amount requested: \$ _____

Reason For Scholarship Request:

Please explain *in detail* your need for a scholarship and why your child would like to attend the camp/clinic.

Camp/Clinic Information

Camp/Clinic Name	
Camp/Clinic Sponsor	
Location	
Dates	
Cost of Camp/Clinic \$	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that the awarded scholarship is to be used for the sole purpose of attending the aforementioned camp/clinic. I agree that if I fail to attend the camp I will return the scholarship in its entirety.

Name (printed)	
Signature	
Date	

4TCC is pleased to be able to offer camp/clinic scholarships. These scholarships are awarded to children in our community who would otherwise not have the opportunity to attend.