



## Tanglewood Nature Center and Museum

### Camp Tuition Application

The Camp Scholarship Fund has been created to help individuals who would otherwise not be able to register their child/children for summer camp. This fund is made possible by contributions from individuals who feel that all children deserve the opportunity to learn and grow at Tanglewood.

#### **Eligibility Requirements:**

1. Applicants must live in Chemung or Steuben County.
2. Camp Scholarships are granted based on financial need.
3. For individuals who would otherwise not be able to register their child/children up for summer camp.
4. The scholarship is for one camp week.

#### **Application Requirements:**

1. Complete entire application.
2. Provide the following proofs of income that pertains to your household-  
The last two pay stubs from all working members of the household, free or reduced lunch statement, unemployment statement, disability or SSI statement, workers comp benefit statement, or public assistance/food stamp statement.
3. Email your completed application [officemanager@stny.twcbc.com](mailto:officemanager@stny.twcbc.com) or mail it to Tanglewood Nature Center 443 Coleman Ave., Elmira, NY 14903

**Incomplete applications will not be considered**

## APPLICANT INFORMATION

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ School Grade Completing in June 2018 \_\_\_\_\_  
 What camp does your child want to attend? \_\_\_\_\_

Parent 1- Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Hourly wage \_\_\_\_\_ Annual Income \_\_\_\_\_

Parent 2- Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Hourly wage \_\_\_\_\_ Annual Income \_\_\_\_\_

List Names and ages of all dependents, children and adults that live in the home.

Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____

**Other Wage Earner Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Monthly Family Income:	Monthly Family Expenses:	Office Use Only:
Household Wages:	Rent/Mortgage:	Total Monthly Income:
Worker's Comp:	Food:	Total Monthly Expenses:
Food Stamps:	Transportation:	
Child Support :	Child Care,	
All other Income:	Medical:	Approved:
Social Security/551:	Utilities:	Camp:
Unemployment:	All Other:	Comment:
Total:	Total:	

Are there any special circumstances that you would like us to consider?

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By completing and signing this application, I certify that the information is true and accurate to the best of my knowledge and I grant permission for Tanglewood Nature Center and Museum to verify all information.

Signature \_\_\_\_\_ Date \_\_\_\_\_