



Rock Hill Day Camp

Scholarship Application

Resident Camp Fee: Full six weeks: \$495; Weekly Fee: \$95

Residents may receive up to 50% off the camp 6 week fee. Campers may choose to only attend three weeks of camp at no charge.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Camper Name(s): _____

Qualifier for Scholarships:

Please include School approval letter/paperwork with application:

Resident families of Rock Hill in the Webster School District that currently qualify for the school lunch program would qualify to apply for Rock Hill Day Camp Scholarship program.

Resident families of Rock Hill but not attending school in the Webster Groves School District may use Federal food stamp program, Medicaid and/or WIC as a qualifier for assistance.

Scholarship applications due by April 15. Applicants will be notified of receiving the scholarship by May 1.

Signature _____ Date _____

Scholarships are awarded on a first-come, first-served basis for eligible recipients. Incomplete applications will not be considered. All scholarships are subject to availability of funds and program space.