



AMERICA'S CAR MUSEUM®

2017 SUMMER CAMP SCHOLARSHIP APPLICATION DIRECTIONS

Note: Please complete a separate scholarship application for each camper and for each week of camp in which scholarship funds are requested.

Eligibility Guidelines: Scholarships for ACM's summer camps are based on financial needs and availability. Please refer to the chart below for more details.

Table with 5 columns: Total Household Size, Household Annual Income (Income Eligibility for Reduced Price Meals*), Potential Scholarship Award (per person), Household Annual Income (Income Eligibility for Free Meals*), Potential Scholarship Award (per person). Rows 2-8 show income thresholds and award percentages.

* Child Nutrition Programs (free or reduced price meals) are run through the Department of Agriculture's Food and Nutrition Service.

In order to process your request for a summer camp scholarship, we require documentation of your financial need. Please include with your application at least ONE of the following documents:

- Copy of the first page of your 2016 tax returns (with Social Security numbers blacked out)
• Official paperwork that confirms your eligibility for free/reduced lunch (such as a letter from your school district)
• Written description of your family's financial need and the amount that you are able to contribute toward camp fees

If you have questions, please call 253-683-3978 and ask to speak with the Education Department.

APPLICATIONS ARE DUE BY JUNE 30, 2017.

PLEASE COMPLETELY FILL OUT THE APPLICATION ON PAGES 2-3 AND SUBMIT WITH THE REQUIRED ITEMS TO:

Mail: LeMay-America's Car Museum, 2702 East D Street, Tacoma, WA 98421

Email: education@americascarmuseum.org

Fax: 253-779-8499



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2017 SUMMER CAMP SCHOLARSHIP APPLICATION

Name of Camper: _____

Age: _____ Grade (entering in Fall 2017): _____

Please circle below which week of camp you hope to attend:

FUNdamentals of Car Design & Engineering – Rising 7 – 9th graders: Monday, July 24- Friday, July 28, 2017

High Speed Fun – Rising 4 – 6th graders: Monday, August 7- Friday, August 11, 2017

Parent or Guardian Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Total Household Size: _____ Total dependents (under the age of 18): _____

Household Annual Gross Income: \$ _____

(Please include all income including child support, social security, government assistance, etc.)

Have you included documentation of your financial need with your application? (See page 1 directions for details.) ___YES ___NO

SHORT ESSAY – Parent/Guardian:

Please answer the following questions in the space provided or by attaching a typed response.

Parent/Guardian: Why do you want to send your child to ACM summer camp? Are there any specific circumstances that we should be aware of in considering your request?



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SHORT ESSAY – Youth Camper:

Please answer the following questions in the space provided or by attaching a typed response.

Youth Camper: Why do you want to come to ACM summer camp? What activities are you looking forward to doing? What do you hope to learn?

REFERENCE

The person listed below will be contacted via phone or email to complete a recommendation form that assesses the applicant's interest in learning, character, and attitude. A teacher reference is preferred. The reference must not be related to the applicant.

Full Name: _____

Email Address: _____

Phone Number: _____

How long has this person known the applicant? _____

How does this person know the applicant? _____

I certify that all of the information on this scholarship application is true and correct.

Signature of Parent/Guardian

Date

TO BE COMPLETED BY SUMMER CAMP STAFF:

Date when received: _____ Application complete? Yes No

Scholarship Amount Awarded: _____ Date of Decision: _____

Initial once Parent/Guardian has been contacted regarding decision _____