



AMERICA'S CAR MUSEUM®

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 2014 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 253-779-8490 and ask to speak with the Education Department.

PLEASE COMPLETELY FILL OUT THE APPLICATION ON PAGE 2 AND SUBMIT WITH THE REQUIRED ITEMS TO:

Education Department
LeMay- America's Car Museum
2702 East D Street
Tacoma, WA 98421

Email: education@americascarmuseum.org

Fax: 253-779-8499



AMERICA'S CAR MUSEUM®  
SUMMER CAMP SCHOLARSHIP APPLICATION

Name of Camper: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (entering in Fall 2015): \_\_\_\_\_

Please circle below which week of camp for which you are requesting scholarship funding:

- High Speed Fun (Monday, July 13- Friday, 17, 2015)
- Energy Detectives (Monday, July 27- Friday, July 31, 2015)

Parent or Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Household: \_\_\_\_\_ 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

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

- Why you would like to send your child to ACM summer camp?
- Are there any specific circumstances that we should be aware of in considering your request?

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:

Scholarship Amount Awarded: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Initial once Parent/Guardian has been contacted regarding decision \_\_\_\_\_