



Merit and/or Need-based Summer Camp Scholarship Application

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT TO:

Blue Ridge Discovery Center

6402 Whitetop Rd

Troutdale, VA 24378

Email: info@blueridgediscoverycenter.org

Summer Camp Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, sex, or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Staff of BRDC and their children are not eligible for scholarship assistance.
- Please fill out one form per child.
- Scholarships will be awarded based on need and/or merit.

Qualifications: (Applications are based on MERIT AND/OR NEED. Please fill out appropriate information on page 1&2)

- Merit-based Application: Demonstrated desire to participate in the camp, past history with the subject of study or unique qualifications that participant brings to camp. Letter of demonstration from participant and/or advocate is advised.
- Need-based Application: Demonstrated financial need based on household income relative to number of family members.

Summer Camp Scholarship Application Process:

- Application will be reviewed by our scholarship committee and notification about the application status will be sent by BRDC prior to camp start date.

Scholarship type: MERIT-BASED NEED-BASED

Camp your child would like to attend: _____

Name of Scholarship (if named): _____

Date of Application: _____ Name of Parent or Guardian _____

Name of Child _____ Age _____ Birth Date _____ / _____ / _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

What do you hope your child will gain from this experience? _____

What is your previous experience with Blue Ridge Discovery Center? _____

MERIT-BASED APPLICATION (*If completing application based on NEED, this section is not required)

1. Please attach letter(s) of merit demonstration from participant and/or advocate making the case for attending this particular camp.
2. Character Reference (school teacher, family member, mentor, etc.):

Name _____

Phone (_____) _____ Email _____

NEED-BASED APPLICATION (*If completing application based on MERIT, this section is not required)

How many children live in the household? _____ Please list their ages: _____

Name of Primary Provider _____

Place of Employment _____

Name of Secondar Provider _____

Place of Employment _____

Eligibility for need-based scholarships is based on household size and income standards. If an applicant does not fall within the criteria but can prove other special circumstances, the scholarship committee will review and may grant a scholarship. Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.)

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

- Below \$20,000 \$40,001-\$50,000
- \$20,001-\$30,000 \$50,001-\$60,000
- \$30,001-\$40,000 Over \$60,000

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time? _____

Thank you for your application. Please mail to: Blue Ridge Discovery Center, 6402 Whitetop Rd. Troutdale, VA 24378

If you have any additional questions, please contact the BRDC office at info@blueridgediscoverycenter.org or 276-293-1232.