

## **SUMMER CAMP SCHOLARSHIP POLICY**

### **Policy Statement**

It is the policy of Improv Playhouse to provide financial assistance to applicants who request it whenever possible. The intent of this policy is accomplished by setting fees at rates affordable to the majority of residents in the Lake County region, and by providing financial assistance to those for whom the Improv Playhouse fees are not affordable. Please note that financial assistance is a limited fund and funds will be disbursed based on applicant's financial need. Both partial and full scholarships are available. Those that receive scholarships will automatically qualify for extended care scholarships. Receipt of scholarship award(s) in previous years does not determine eligibility for current summer camp year.

### **Guidelines**

Every applicant will be asked to pay the \$50 deposit toward the program. A sliding scale based on total household income and number of residents will be used to determine the scholarship award. **Each camper is eligible for one scholarship session per summer.** The program director will review all special circumstances requiring exceptions to the above stated policy.

### **Selection Process**

Based on a review of the application, the program director will determine financial assistance eligibility. **Starting February 15th, applications will be reviewed on the 1<sup>st</sup> and 15<sup>th</sup> of each month and applicants can expect notification via phone and email once their request has been processed and accepted.** If we are unable to accommodate your request for assistance, and you do not register for camp or other programming we will return your \$50 registration fee with the notification letter. Your \$50 deposite may also be applied toward future programming as a credit to your account.

### **Application**

Please fill out the following form **COMPLETELY**. This form must be returned with your completed registration form (printed from the website) and \$50 registration fee via check, money order or credit card. If you have questions regarding scholarships or the \$50 registration fee, please call (847) 968-4529. Or Fax completed form to **(847) 968-4530** or mail to:

**Improv Playhouse  
Attn: Summer Camp  
116 Lake Street  
Libertyville, IL 60048**

*(over)*

**IMPROV PLAYHOUSE SUMMER PERFORMING ARTS CAMP**  
**SUMMER CAMP SCHOLARSHIP APPLICATION**  
ONE FORM PER CAMPER

**1. Please Print or Type:**

Session # (1<sup>st</sup> Choice) \_\_\_\_ Camp Name \_\_\_\_\_

Session # (2<sup>nd</sup> Choice) \_\_\_\_ Camp Name \_\_\_\_\_

How did you find out about our camp?  Word of Mouth/Recommendation  Brochure/Poster/Postcard  
 Website/Social Media  Email Outreach  Summer Camp Fair (Name) \_\_\_\_\_

Has your child ever received a scholarship from Improv Playhouse? Yes \_\_\_\_ No \_\_\_\_ If yes, when \_\_\_\_\_

**2. Camper Name:** \_\_\_\_\_ **Gender:** M F

Birthdate: \_\_\_\_\_ Age when child starts camp: \_\_\_\_\_ Grade in Fall: \_\_\_\_ School name: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_

**3. Name of Parent(s) or Legal Guardian(s):** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address: \_\_\_\_\_

**4. Does your child qualify for the free lunch program at his or her school? Yes No (If yes, please skip to number 6)**

**5. Monthly Income from ALL sources:**

**GROSS**

**NET**

Earnings (Salary, Wages, Commissions, etc.) \_\_\_\_\_

Agency Subsidy (Welfare, Social Security, etc.) \_\_\_\_\_

Other (Alimony, Child Support, etc.) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Please list the total number of adults and children living on income represented here: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

**COPY OF INCOME VERIFICATION (W-2, PAYSTUB, VOUCHER, SSI, ETC)**

*\*This information will be kept confidential and used only in determining financial eligibility.*

**6. In order to make more scholarships available, we ask you to consider a partial scholarship (please circle below):**

I request a 30% scholarship

I request a 50% scholarship

I request a full scholarship

**7. Do you need extended care?** \_\_\_\_\_

**8. Are there any special circumstances that you feel we should be aware of in determining financial assistance?**

(Include this information in an attachment or on the back of this form)

**9. Payment (Each scholarship requires you pay a \$50 registration fee, this fee will only be processed if your application is approved):**

Check/Money Order \_\_\_\_ Credit Card: MasterCard \_\_ Visa \_\_ American Express \_\_ Discover \_\_

Cardholder Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**10. I certify that the above information is true and authorize Improv Playhouse to verify all information on this form.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_