

Partial Scholarship Application DUE BY MAY 31

Instructions to apply for a need-based, partial scholarship for Campers with Special Needs ONLY:

- 1. Complete the **online registration form** for your child found on our website at CampYaketyYak.org.
- 2. Pay the **Camp Registration Fee** online at the time you register your child. All families are required to pay this amount for the cost of materials regardless of whether they receive a partial scholarship or not from Camp Yakety Yak. Thank you for your understanding.
- 3. Complete the **Partial Scholarship Application Form** by typing or printing your answers to all of the questions below. Due to limited scholarship funds available, the <u>maximum</u> scholarship awarded to a child will be 50% of the program cost for one week: Buddies \$340; Special Needs \$317.50; JCCs \$340; Yak Apprentice \$747.50. Parents may apply for one scholarship per child. Camp enrollment for neurotypical campers is already deeply discounted and is not applicable for scholarships.
- 4. Parents will be responsible for the remainder of the camp tuition for their child. For an additional fundraising idea, please see our Camper Donation Letter on the "Paying For Camp" page on our website. Consider sending these letters to friends and family to ask for donations toward your child's tuition. These letters have been very successful in the past and have covered the cost of camp for many families. Friends and family are often happy to help!
- 5. **Print and sign** the completed Partial Scholarship Application form.
- 6. Mail Scholarship form with a copy of your latest tax return (with SSNs blacked out, if you prefer) to Camp Yakety Yak, PO Box 161, West Linn, OR 97068. Application must be received by May 31 for consideration.
- 7. **Important Dates:** Scholarships will be awarded via email on or before **MAY 31.** All Final Camp Tuition Payments must be made by **June 30. For families who apply for a scholarship, and who are not able to raise the full tuition by June 30,** *their registration fee will be RETURNED.*

| Applicant Information | |
|------------------------------|--|
| | |
| Child's First Name | |
| | |
| Child's Last Name | |
| | |
| Parent(s) First Name | |
| | |
| Parent(s) Last Name | |
| Number of dependents living | |
| in the home | |
| | |
| Street Address | |
| | |
| City, State, Zip | |
| | |
| Parent Email | |
| Home Phone | |
| Cell Phone | |
| - | |
| | |

| Which camp session would you | | | | | | | | |
|--|--------------|------------|----------|------------------------|-----------------------|-----------|--------------------------|--|
| like your child to attend? | Weeks | 1 | 2 | 3 | 4 | 5 | All 5 Weeks | |
| Child's Age and Grade | | | | | | | | |
| Child's Diagnosis or Special | | | | | | | | |
| Education Eligibility Category | | | | | | | | |
| Are there other children in the household with special needs? | | | | | | | | |
| If yes, explain. | | | | | | | | |
| Will other children from your household be attending Camp Yakety Yak? If yes, please provide child's name | | | | | | | | |
| and age here: | | | | - | | • | • | |
| What are the reasons for request | ing financia | al aid? Pl | ease no | te any e | extenua | ting fina | ncial circumstances | |
| (therapy/medical costs, job loss, | etc.). (This | section is | s requir | ed.) | | | | |
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| ADDITIONAL REQUIRED INFORM | ATION: Con | v of Pare | ent's Mo | st Rece | nt Tax R | Return- S | Sorry, scholarship | |
| applications without a tax return | - | - | | | | | | |
| camper) supporting financial info | - | | | | | - | | |
| confidential and final. <mark>Only summ</mark> | ary pages (| of tax ret | urns sh | <mark>owing t</mark> l | <mark>he incor</mark> | ne of pa | arent(s) are needed, not | |
| the entire return. | | | | | | | | |
| DICCI AIRAFE AND OLD COMME | | | | | | | | |
| DISCLAIMER AND SIGNATURE | | | | | = | | | |
| By signing below, I am stating that the information outlined above is accurate, and the partial scholarship I an | | | | | | | | |
| requesting is necessary in order for the applicant to be able to attend this program. We realize that funds for financial assistance are very limited and that we may not receive funds even if we qualify, due to funds not | | | | | | | | |
| being available, and that we will be | | • | | | | | | |
| Tangaranas, and that he will | | | | J | | | In accordance. | |
| Parent Signature: ———— | | | | | | | | |
| | | | | | | | | |
| Date | | | | | | | | |
| Date: | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | |
| Date Received | | | | | | | | |
| Received By | | I | | | | | | |
| Financial Aid Amount | | | | | | | | |
| Approved By Scholarship Commit | ttee | | | | | | | |
| Members | | T | | | | | | |
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