



Rolling River Day Camp

477 Ocean Avenue
Oceanside/ East Rockaway, NY 11518
516-593-CAMP (2267)
fax: 516-593-5796
camp@rollingriver.com
www.rollingriver.com

SCHOLARSHIP APPLICATION 2019

Child Name _____ D.O.B. ___/___/___ Gender M / F Grade as of SEPT '19 _____

Please consider my child for the following Camp Scholarships (check all that apply):

- _____ Ben Appelbaum Scholarship/Financial Aid- Tuition Reduction for Desired Program (open to all ages)
- _____ Isabelle "Nanny" Goodman Memorial Scholarship- Tuition-Free Half Season 2, Entering K-2 grade only
- _____ Marjorie Sherer Memorial Scholarship- Tuition-Free Half Season 2, Entering Nursery-K only
- _____ Campmates/JAJ Scholarship- Tuition-Free Half Season 2, New Horizon CC referrals & FECC Referrals Only

***NOTE FOR BEN APPELBAUM SCHOLARSHIP- Family will be responsible for minimum tuition amount of \$2,000 - \$5,500 based on income verification, program choice and group availability. After application packet is submitted, family will receive a letter indicating the options and corresponding scholarship amounts. Family may accept or deny scholarship after receiving acceptance letter.**

How did you find out about our Scholarship Program? _____

Camp program attended in 2018 _____ School attended in 2018- 19 _____

Parents' Marital Status (M) _____ (D) _____ (S) _____ (W) _____

Parent#1 Name/LegalGuardian _____

P1 Address _____ P1Town _____ Zip _____

P1 Home Phone # _____ Cell # _____ P1 E-mail _____

P1 Employer _____ Employer Address _____

Employer Town _____ Employer Zip _____ Work Phone # _____

Parent#2 Name/LegalGuardian _____

**If Parent 2 address is the same as above, only complete Cell, Email and Employer Information*

P2 Address _____ P2Town _____ Zip _____

P2 Home Phone # _____ Cell # _____ P2 E-mail _____

P2 Employer _____ Employer Address _____

Employer Town _____ Employer Zip _____ Work Phone # _____

***PLEASE ATTACH THE FOLLOWING DOCUMENTS:**

- Copy of the **first two pages of your 2018 income tax return form #1040** and any other pertinent information regarding income (i.e. if receiving additional financial support from other individuals). Any false statements will result in your child's dismissal from camp and no refund will be issued. Please note**Our policy states that for those families accepting a campership at a reduced rate for a 3rd grader or older; the child will be excluded from any optional overnight or day trip that requires an additional payment.
- **If this is your child's FIRST summer at Rolling River**, you will need **3 WRITTEN REFERENCES ABOUT YOUR CHILD ON RRDC REFERENCE FORMS**. (Reference could be written by any non-relative, eg. teacher, religious community or athletic leader, pediatrician, etc.) Note: one reference must be from child's present teacher or principal of school. Please feel free to attach any additional information you believe will be helpful in reaching a decision.

ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Signature Print Name Relationship to Child Date

Please explain why you are applying for a camp scholarship (i.e. financial or situational need) *continue on back if needed:*

