

Summer Camp Scholarship Application

Selection Policy

Scholarship	s will be awarded on the basis of the following documents:
	Application demonstrating need; family size, income, free or reduced lunch and other extenuating circumstances
	A written recommendation by an academic team coach/teacher
	A written recommendation by a teacher or school administrator (optional)
	Essay (500 words or less) titled "How This Scholarship Will Help Me Become a Better Academic Team Member"

Application Process

All application materials should be postmarked no later than April 1. Applications received after this date will not be considered. Applicants will be informed of scholarship decisions, by email, no later than *April 15*. All applicants who are awarded scholarships are expected to respond, in writing, no later than *April 22* to accept. Failure to indicate acceptance of the award renders the award null and void, and will cause the applicant to forfeit the scholarship.

Questions

For more information, contact (contact information)

KAAC is an equal opportunity institution and does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, or disability.

Send scholarship application materials to: KAAC Summer Camps 113 Consumer Lane Frankfort, KY 40601

Governor's Cup Camp Scholarship Application Form

Demographics		
Applicant Name	Date of Birth	Grade
Parent/Guardian Name(s)		
Address	City/State/Zip	
Cell phone	Home phone	
Email		
Recommending Coach/Teacher		
Coach/Teacher Email		
School		
School Address		
Financial Information		
Number in Household		
Do you qualify for Free or Reduced Lunc	ches (circle)? Yes / No	
Occupation(s) of Parent(s) or Guardian(
(3)	-,	
Estimated Annual Household Income:		
[] Under 10,000	[] 30,000 – 40,000	[] Over 60,000
[] 10,000 – 20,000	[] 40,000 – 50,000	
[] 20,000 – 30,000	[] 50,000 – 60,000	
List any extenuating circumstances (hor		
demonstrating your financial need. Use	an additional sheet if you need	l more space.
Has this applicant been a member of the	e Academic Team (circle)?	Yes / No
If yes, how many years?		
Has this applicant attended KAAC camp	before (circle)? Yes / No	
Does the school and/or school system p	rovide assistance to attend KA	AC camp (circle)? Yes / No

Governor's Cup Camp Scholarship Application Coach/Teacher Recommendation

Dear	Coach	/Teacher,
D CG.	CCGCII	, ,

To choose the best candidates who will have an effective and enjoyable experience at our camps, we ask applicants to include a coach/teacher recommendation. Please write a short statement about the qualities that make the applicant a good candidate, and how you feel this applicant will benefit from this experience. (Academic team achievements, demonstrated financial need, and other academic awards will be important determining factors when the selection committee meets) Write only in the space provided below. When completed, please return your recommendation to the applicant to be included with his/her application packet.
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Applicant Name	School
	