



Hawai'i's Enrichment & Education Professionals
A Non-Profit Organization

156C Hamakua Drive
Kailua, Hawaii 96734
(808) 262-4538 • Fax (808) 261-8525
www.kamaainakids.com

Aloha and thank you for considering Kama`aina Kids.

Our Day Camp Scholarship funds are limited, and we are in the regrettable position in which we will not be able to offer as full scholarships to our summer day camps. **Due to this unfortunate circumstance, the maximum amount of any award will not exceed more than 50% of the total program tuition being requested. Should you decide to apply for a scholarship, we highly recommend that you continue to seek out additional means of financial support for childcare from other organizations, such as Arbor Care, Keiki O Ka`aina, etc.**

Awards are primarily based on a combination of financial need and unique circumstances that impede a family's ability to pay the full tuition. If your child is selected, you will be notified of the award amount by May 22, 2017. If your decision to proceed with registration is contingent on a scholarship award and cannot be made by the registration deadline of May 19, then any applicable late fees will be waived.

Scholarships funds are earmarked specifically for Day Camp programs on Oahu, Maui and Hawaii, and may not be applied to *Specialty Camps, Transportation and Upgrades, Lunch program, Before & After Summer School Programs, or Before & After Summer Fun programs.*

To apply, please complete and return the **Kama`aina Kids Day Camp Scholarship Application Form** (one set per family) **AND** attach:

1. A written statement by the parent/guardian explaining why you are seeking assistance.
2. Any supporting documents to accompany Section 3 on the Scholarship Application Form.
3. A completed Summer Day Camp Registration Form (one for each child) indicating the program, site location and number of weeks you are requesting for scholarship.
4. Please review the application and ensure the information is complete and legible, and include the requested accompanying documents. An email address is required. Incomplete applications will not be considered for scholarships.

In order to avoid duplicates, we are kindly asking to either mail or drop off all of the required information to:

Kama`aina Kids
Attention: Day Camp Scholarships
156-C Hamakua Drive
Kailua, HI 96734

Applications for Summer Season 2017 must be postmarked or dropped off at our main office in Kailua by Monday, May 15, 2017. Late or incomplete applications will not be considered. Notices for both awards and declines will be issued by email, no later than Monday, May 22, 2017.

In Service to Youth,

Kama`aina Kids Day Camp Team

Kama'aina Kids Day Camp Scholarship 2017 Application Form

1. CHILD INFORMATION					
Child Last Name	Child First Name	Date of Birth	Grade (completed)		
1					
2					
3					
Child Home Address		City	ST	ZIP	
2. SPONSORSHIP INFORMATION					
Sponsor Responsible for Payment (last name, first name)			Spouse/Adult Contributing To Child's Welfare		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Employer/School (if student)	Occupation	Employer/School (if student)	Occupation		
Address (street, city, st, zip)			Address (street, city, st, zip)		
Marital Status (Circle):	Single	Married	Separated	Divorced	Widowed
3. FINANCIAL					
**Sources Of Monthly Income (monthly)	Amount	OFFICE USE ONLY			
Sponsor's Gross Salary:	\$	<input type="checkbox"/> Verified	NOTES		
Spouse Gross Salary:	\$	<input type="checkbox"/> Verified			
Other Contributing Salary:	\$	<input type="checkbox"/> Verified			
Child Support Received:	\$	<input type="checkbox"/> Verified			
Childcare Assistance, Other Agency:	\$	<input type="checkbox"/> Verified			
Social Security/Retirement/Pension:	\$	<input type="checkbox"/> Verified			
Other (please specify) _____:	\$	<input type="checkbox"/> Verified			
TOTAL MONTHLY GROSS INCOME:	\$				
Please attach supporting documentation proving income to this application including copies of the 2 most recent paystubs, financial award statements from other agencies (if applicable), etc. that bears the name of the recipient					
List the people that this income is supporting (e.g. siblings, grandparents, aunts, etc.)					
Name	Relationship	Age	Living in your home?		
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
The information I have provided and any attached documents are true and correct to the best of my knowledge, and may be used to assist the determination of eligibility for the Kama'aina Kids summer programs. Kama'aina Kids staff may verify all the information on this form and the attached documents. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made. If any information has been falsified or misrepresented, I understand that this may result in a loss of reduction of the awarded scholarship, and/or the dismissal of my children from the Kama'aina Kids summer program. I also hereby authorize Kama'aina Kids to use my child's photo, video, artwork or statement in any manner in connection with its advertising, publicity, and public relations program to assist in attaining more funding for scholarship assistance.					
Applicant's Name		Applicant's Email (if any)		Applications Signature	
OFFICE USE ONLY					
Date Received	Date Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Awarded?
Awarded Amount: \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	Documents	<input type="checkbox"/> Notice Sent _____	