

2021 Summer Camp Scholarship Application

Please complete one application per student

Name of student: _____ Student Birthdate: _____

Name of parent/guardian making application: _____

Parent Phone number: _____ Home Cell Other _____

Mailing address: _____

City, State ZIP: _____ Email: _____

Student's School as of Spring 2021: _____

We must verify financial need in order to comply with the funding guidelines from our sponsors. The information that you provide will be kept confidential. Please check if your child or the child's household receives assistance through:

- Reduced School Lunch Free School Lunch SNAP Benefits Child Care Subsidy
 WIC Title XIX Hawk-I insurance

County Assistance (type) _____ County Name _____

Other Financial Assistance _____

Please explain why you are requesting financial assistance: _____

How much are you able to pay towards your student's camp fee? _____

Please Indicate whether your student will be attending: In person (face-to-face) or Online (virtual)

By signing below, you assure that the information above is correct and you authorize Hawkeye Community College Foundation to verify participation in the financial assistance program(s) indicated above.

Print Name: _____ Date: _____

Signed: _____ Relationship to student: _____

Please return this application to:

HCC Foundation
PO BOX 8015
Waterloo, IA 50704-8015
Or Email to foundation@hawkeyecollege.edu