



Aspiring Youth 2018 Summer Camp Scholarships

Application deadline: Tuesday, May 1, 2018

Thank you for your interest in the Aspiring Youth Summer Program! We are able to offer a limited number of need-based scholarships each year for students to attend our camps. Scholarship funds are provided directly by the Aspiring Youth Program as well as our generous donors. If you would like to make a contribution towards our scholarship fund, please feel free to contact us.

2018 Award Amounts:

- 1.) Full scholarship for two weeks of camp (\$1,100)
- 2.) Partial scholarships for either 2 or 3 weeks of camp (\$300/week)
 - a. 2 week partial scholarship recipients are awarded \$600
 - b. 3 week partial scholarship recipients are awarded \$900

Families are responsible for securing funding for any remaining fees and any additional weeks of camp. Scholarship funding may only be applied towards 2018 camp fees.

Please complete the scholarship application in its entirety. Incomplete applications may not be reviewed. You will indicate the camps you plan to register for on the form. Please specify the camp location, name(s), and date(s) and refer to our [summer camp page](#) for detailed schedules. Filling out the form does not commit you to these camps/dates. If you are requesting funds for more than one camper, please complete separate forms for each.

Applications must be received by **Tuesday, May 1, 2018** to guarantee consideration. You will receive an email confirming we've received your application. Please contact us if you do not receive one. We will contact applicants via email by **May 15, 2018** with a decision. The email will indicate the time frame you have to accept/decline the award and register for camps online. Those who do not do so within the allotted time will forfeit their award. Any applications received after May 1 will be reviewed based on availability of funding.

If you would like to register for camps before receiving your scholarship decision you may do so, but it will not affect your chances of receiving an award. All new families will need to contact us to schedule an enrollment meeting prior to registering. We will only consider scholarship applications for students who have completed a meeting and have been determined to be a good fit for the program.

Be sure to provide a valid email address on your application and make sure you can receive emails from ayadmin@ryther.org. Please do not hesitate to contact us with any questions or concerns. We hope to work with your family this summer!

Return completed applications via mail, e-mail or fax to:

Ryther - Aspiring Youth
2400 NE 95th Street
Seattle, WA 98115

EMAIL: info@aspiringyouth.net | FAX: (206) 525-9795 | PHONE: (206) 517-0241



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Camper Information

Camper name (first & last):	DOB (mm/dd/yyyy):	Age:
Camps you'd like to register for (location and name):		
Camp dates (list date of each week/session):		Total # of weeks:

Parent/Guardian Information

Parent 1 name (first & last):		Occupation:	
Mailing Address:			
City:	State:	Zip:	
Phone:	Email:		
Parent 2 name (first & last):		Occupation:	
Mailing Address:			
City:	State:	Zip:	
Phone:	Email:		

Annual household income (Gross):	Number in household:
Other circumstances to be considered (please use additional page if needed):	

OFFICE USE ONLY: Date Received: ___/___/___ Approved? ___ Amount Granted: ___
 Date Granted: ___/___/___ Client enrolled? ___ Client ID#: ___

Has your child participated in the Aspiring Youth Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what years?
Have you requested/received scholarship funds from us in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what years?
Does your child currently receive other services through Ryther? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your child's provider at Ryther?	Does your child have Respite or IFS waiver funding through the Developmental Disabilities Administration (DDA/DSHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No

To the best of my knowledge all of the information I have supplied is correct. I understand that this information is to be used solely for the determination of scholarship assistance for the Aspiring Youth Program and will be treated confidentially. I am aware that all new students are required to attend an enrollment meeting prior to registering and scholarships will only be awarded to students who have completed a meeting and have been determined to be a good fit for the program.

Parent/Guardian Name (please print): _____

Signature: _____ **Date:** _____

Please return this form via mail, e-mail or fax:
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