



575 Degraw Street Brooklyn, NY 11217 | 347.834.9066 | [info@BKBF.org](mailto:info@BKBF.org)

### **Summer Adventures Scholarship Application 2016**

Thank you for your interest in the Brooklyn Boulders Foundation and BKB's Summer Adventures Scholarship Program! Summer Adventures is a week-long experiential education program for Kids ages 5-12, where youth will learn new skills, build relationships with peers and challenge themselves on and off the rock climbing walls at Brooklyn Boulders.

This Summer 2016 we are offering scholarships for the Summer Adventure Program at Brooklyn Boulders. Due to the high volume of applicants, applications will be reviewed on a first-come, first-serve basis. Unfortunately, we will not be able to provide financial assistance to all applicants, but as BKBF continues to grow, we plan on expanding our scholarship program to service the demands of our community! For more information on the Brooklyn Boulders Foundation, visit [bkbf.org](http://bkbf.org) or email [info@bkbf.org](mailto:info@bkbf.org). For more info on Summer Adventures visit [brooklynboulders.com/summer](http://brooklynboulders.com/summer).

#### **INSTRUCTIONS:**

Please submit the following Scholarship Application with the following by **Friday May 5, 2016 at 5pm!** Due to the volume of applicants, applications received without all documents attached will not be considered:

1. Completed BKBF Financial Assistance application
2. 2015 Federal Tax Return (Form 1040 pages 1 and 2; or 1040EZ). If you do not file federal income taxes, please call 1-800-tax-form for a verification letter
3. Copies of your last two paycheck stubs **or** a letter from your employer stating your annual salary
4. Copies of any supporting documentation listed in the salary line items. If you are unemployed, collect social security or a full-time student, please provide a summary of your unemployed benefits, SSI paperwork or financial aid benefits and current student schedule.

**Please mark out social security card numbers, tax numbers or credit card numbers before submitting application.**

**Please submit application by email to [info@bkbf.org](mailto:info@bkbf.org). You will receive an email within two weeks regarding your qualification and next steps. We look forward to reviewing your application.**

#### **I. QUESTION FOR YOUTH**

**Directions:** Summer Adventures is a week long camp, where kids are challenged physically and mentally. Use a creative outlet (i.e. photography, words, video, illustration etc.) of your choice to answer the following question. Have fun with it!

What is a positive trait or attribute that you can bring into summer adventures and what are you most excited for?



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**II. CHILD'S INFORMATION**

New Applicant

Renewed Applicant

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**III. PARENT/GUARDIAN INFORMATION:**

Father/Guardian's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



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**IV. HOUSEHOLD INFORMATION**

**Spouse and Dependents Living at Home:**

Name	Employer/School	Birth Date	Gender	Relationship

**Household Income:**

	Your Income	Spouse's Income	Other Income
Salary, Wages, Tips	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Social Security Compensation	\$	\$	\$
Child Support	\$	\$	\$
Aid for Dependent Children	\$	\$	\$
Food Stamps	\$	\$	\$
401(k) Retirement	\$	\$	\$
Alimony	\$	\$	\$
School Loan Income	\$	\$	\$
Housing Allowance	\$	\$	\$
Other	\$	\$	\$
<b>Total Annual Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Is your household a 1-adult household?

Yes

No

N/A



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Is your child/children currently receiving the following:

Free lunch

Reduced Lunch

Does your family currently receive benefits from any Government Assistance Programs? If so, which ones?

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***I certify that all information submitted is true and complete to the best of my knowledge. I grant permission to Brooklyn Boulders to verify this information. I agree to notify Brooklyn Boulders if my financial situation changes during the 2016 year.***

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**Signature**

**Date**

(Please note that your child must be 5-12 years of age or older to be selected as a scholarship recipient.)