

Camper Scholarship Application

Please Circle one: Fort Lone Tree - Lone Tree Ranch - Lone Tree Lake

The Lone Tree Scholarship Fund is a special fund set up for families facing financial difficulty. This application will help us to determine the needs of those applying. Since funds are limited, this application does not guarantee a scholarship to any one family, but is a means to establish need for committee review. You will be notified of your status in a timely fashion. This application will be held in strictest confidence.

Questions? Call (575)354-3322. Website: www.lonetreecamps.org Email: office@lonetreecamps.org

I. GENERAL INFORMATION

(If more than one camper, please include their name(s) and other General Information on back.)

Camper Name _____ Date of Camp Desired: _____
(last) (first) Second Choice: _____
(middle) (middle)

Present Address: _____

City _____ State _____ Zip _____ Phone / Email (____) _____ / _____

Date Of Birth ____/____/____ Age at time of camp: _____

I attended Fort Lone Tree as a camper in the year(s) _____

II. PARENTAL INFORMATION:

Father's Name: _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Does the Father assist financially? Y N Father's Occupation: _____ Business Phone: _____

Mother's Name: _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Does the Mother assist financially? Y N Mother's Occupation _____ Business Phone: _____

Total Number of Dependents: _____ Parents' / Guardian's Gross Income: _____

III. PERSONAL INFORMATION:

Please explain why you are requesting scholarship assistance at this time (use back if needed): _____

Has there been a recent financial difficulty in your family? Please explain: _____

The cost for Summer Camp is: \$ _____

Please indicate the amount you can pay toward your child's camp fee: \$ _____

Please indicate how much assistance you need with your child's camp fee: \$ _____

All information on this application is correct to the best of my knowledge.

Father's / Guardian's Signature: _____ **Date:** _____

Mother's / Guardian's Signature: _____ **Date:** _____

PLEASE RETURN THIS COMPLETED FORM TO: Fax (575-354-5301) Lone Tree, P.O. Box 713, Capitan, NM 88316