

SWEETGRASS CULTURAL ARTS ASSOCIATION

P.O. Box 2225

Mt. Pleasant, SC 29465

843-345-7849

www.sweetgrass.org

2018 Sweetgrass Basket Making Summer Camp

Scholarship Application

_____/_____
First Name **Last Name**

Address: _____

City _____ **State** _____ **Zip Code #** _____

_____/_____/_____
Home Phone **Work Phone** **Cell Phone**

Email: _____

Answer & Complete the following questions:

Number of Persons living in your Household: _____

Number of adults _____ **Number of children** _____

Do you receive Alimony? Yes _____ No _____
If yes, indicate amount received per year: \$ _____

Do you receive Social Security? Yes _____ No _____
If yes, indicate how much received per year: \$ _____

Do you receive any other income? Yes _____ No _____
If yes, indicate the source: _____
The amount received per year: \$ _____

List Total Adjusted Gross Income from last Tax Return: \$ _____

Total Household Income for Scholarship to be based on: \$ _____

Upon receipt of Scholarship Application, applicant will be notified of the decision within two weeks by the Summer Camp Administrator.

Scholarships awarded to campers will cover the costs associated with the 2017 Sweetgrass Summer Camp session.

I understand that all of the information provided on this Scholarship Form is true and all income is reported. I understand that all information given is confidential and will be reviewed and verified before final approval of the scholarship is awarded. Misrepresentation of the information given will result in denial of this scholarship application.

Applicant Signature: _____

Date: _____

Camp Administrator Signature: _____

Date: _____