



COLLABORATING

Doing what works
in Adams County

FOR YOUTH

2023 Summer Camp Scholarships

For those who reside in Upper Adams and
Bermudian Springs School District

Collaborating for Youth will be making a limited number of scholarships available to youth, ages 6-17, who want to participate in healthy, fun and safe summer activities! Summer camp scholarships are funded by **Partnership For Better Health**.

Take advantage of a great opportunity!

For the application and more information call

Teresa Arias at 717-338-0300 x104

Email adminassist@cfygettysburg.com

233 West High Street in Gettysburg, PA



**PARTNERSHIP
for Better Health**

A Community Foundation
Making a Difference — Together



Youth Summer Scholarship Application 2023

Overview: Through the **Partnership for Better Health**, we have a limited number of scholarships available to youth, ages 6 to 17, who seek to participate in local summer activities. Eligible programs include, but are not limited to sports camps, recreational camps, leadership camps, culinary and art camps, and programs offered by the YMCA or YWCA.

Requirements: Must live in Bermudian Springs or Upper Adams School Districts. Desired programs must support good health.

Complete and Return form to: Teresa Arias Email: adminassist@cfygettysburg.com
Mail: 233 W. High St.
Gettysburg, PA 17325
Phone: 717-338-0300 ext. 105

Person Submitting Form: _____ Relationship to Child: _____

Child's Name: _____ Age: _____

Home Address: _____ City & Zip: _____

Phone number: _____ Email: _____

Household size: Adults (age 18 or older) _____ Children (age 17 or younger) _____

School: _____

Is your child eligible for free or reduced-price school lunch? yes no

Does your family receive support from WIC, SNAP, CHIP or public assistance? yes no

If not, what qualifies them for this scholarship:

Name of Summer Camp/Program: _____ Dates: _____

Total Camp Fee: \$_____ Amount Requesting: \$_____

Address of Summer Camp/Program: _____

Please attach the registration form of the desired program to this form if possible. Checks will be mailed directly to the camp/program.

Certification: I certify that the information above is true and correct to the best of my knowledge. I give my consent to The Center for Youth and Community Development to verify this information. I understand that any misstatement in regard to my familial status and/or income and benefits is considered a fraud.

Signature of Applicant

Date