



Teaching values for success on the field and in the classroom

**Scholarship Application**

An Athletes and Authors Summer Academy Scholarship is based on financial need. Please complete the form below and submit the necessary documents for EACH applicant. Thank you for your interest in Athletes and Authors Summer Academy.

**Personal Information**

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

Child's Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

**For which weeks of camp will the child attend (check all that apply)?**

Day Camp: July 9-13 \_\_\_ July 16-20 \_\_\_ July 23-27 \_\_\_ July 30-August 3 \_\_\_

NorthBay: August 6-12 \_\_\_

**Financial Information**

Does your child receive free meals during the school year? \_\_\_\_\_

Does your child receive reduced meals during the school year? \_\_\_\_\_

If yes, how much does your child pay? \_\_\_\_\_

**In order to complete this application you must attach a copy of the most recent W2 forms for all those who claim the child as a dependant.**

*\*\*I certify that all information on this scholarship application is true. I understand that my child will lose his/her opportunity for a scholarship if any false information is given.*

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please fill out all of the information listed above and send to:**

Athletes and Authors Summer Academy, LLC  
Scholarship Processing Center

100 Mallard Street  
Greenville, SC 29601

OR

Email: [athletesandauthors@gmail.com](mailto:athletesandauthors@gmail.com)

OR

Fax: 443-274-2269