



Civitan Foundation Scholarship Application

Civitan Foundation, Inc. offers financial assistance to low to moderate income families. If you believe you may qualify for such assistance, **complete the following and submit with the requested information**. *Please note-scholarships are limited to availability and are not usually more than ½ of the camper private pay fees*.

Camper Name	Birth Date
Camper Address	City/Zip
Responsible Party	Phone
Address	City/Zip
Email	_
Does the applicant receive any DES/DDD services? If yes, p	please circle services below.
Respite Habilitation Attendant Care	DTT/DTS DTA
Does the applicant currently participate in any Civitan Foundation progra	ams?Circle programs below.
Summer Camp DTA DTT After-School Program	Saturday Social Club (SSC)
Our Night Outs (ONO) Day Camps Civitan Learning C	Center Weekend Trips
Scholarship requested for	
Program	Date of Activity / Camp Week(s)
Amount requested \$	separate application for each program/activity.
Additional information requested:	
Total Annual Household Income \$ (Proof caregiver is required to write a short essay on why they want to	
Signature of Responsible Party	Date
Office Use Only	
Proof of Income Attached – Yes / No Essay Attached – Yes / N Approved by	
Board Approval	Date
Notes	
Applicant notified	Amount Approved \$

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