

2025 SCHOLARSHIP REQUEST FORM



Thank you for your interest in Starshine Summer Camp! In order to comply with Internal Revenue Code Section 501(c)(30), Sisters Community Foundation must have this information on file regarding you and/or your family. This record will be retained as CONFIDENTIAL by Starshine & Sisters Community Foundation.

Name of Applicant (parent/guardian)	Date	Email		
Address	City	State	Zip	Phone

Check if prospective camper	Family members in household	Relationship to applicant listed above	Age

Are you and/or your spouse employed? _____ If yes, where: _____

Monthly Household Income _____ OR Annual Household Income _____

Do you currently have a permanent residence? _____ If so, rent or own? _____

Are there any other circumstances that help explain why you are in need of financial assistance to attend Starshine Summer Camp? _____

Please check any that apply:

Of the \$345 2025 Summer Camp Registration Fee, I am hoping for...

- a full scholarship (~90%); remainder due \$35.
- a partial scholarship (~50%); remainder due \$175.
- a partial scholarship (~25%); remainder due \$260.
- I may also need assistance getting my kiddo to and from camp. Please include me in a carpool request list. (Please note that transportation assistance is not guaranteed).

Signature _____ Date _____

To submit your scholarship application form please email your completed form to jennie@starshine-theater.com, text a photo of it to 541-645-0688, or print and mail to Starshine PO BOX 61 Camp Sherman, OR 97730.