



## 2026 SUMMER CAMP 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 (\$145 / \$345 / \$365) 2026 Summer Camp Registration Fee, I am hoping for...

- a full scholarship (~90%); remainder due \$40.
- a partial scholarship (~50%); remainder due ( \$75 / \$175 / \$185 ).
- a partial scholarship (~25%); remainder due ( \$100 / \$260 / \$275 ).
- 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](mailto: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.