



EZ Ostroff Boys Foundation

Youth Camp Scholarship Application

Purpose: This application is for families seeking financial assistance to help a child attend a summer camp, retreat, or youth program. Our goal is to remove financial barriers so every child has the opportunity to grow, learn, and experience community.

1. Student Information

Child's Full Name _____
Date of Birth _____
Age _____
Grade (Current) _____
School _____
Camp/Event Name _____
Camp Dates _____

2. Parent / Guardian Information

Parent/Guardian Name _____
Relationship to Child _____
Phone Number _____
Email Address _____
Home Address _____

3. Financial Need

Total Cost of Camp _____
Amount Requested _____
Family Contribution (if any) _____
Other Scholarships/Assistance (if any) _____

4. Student Statement

Why would you like to attend this camp?

What are you most excited to learn or experience?

5. Parent / Guardian Statement

Describe the financial need and benefit to your child

6. Church / Community Reference (Required)

Reference Name _____

Organization / Church _____

Role/Relationship to Child _____

Phone Number _____

Email _____

7. Agreement & Signature

I certify that the information provided is accurate to the best of my knowledge. Submission does not guarantee funding and awards are based on availability and need.

Parent/Guardian Signature _____

Date _____

For Office Use Only

Application Received Date: _____

Reviewed By: _____

Amount Approved: _____

Decision Date: _____