



**American  
Red Cross**

**Central North Carolina Chapter**

4737 University Drive, Durham, NC 27707

919-489-6541. ext. 328

[centralnorthcarolina.redcross.org](http://centralnorthcarolina.redcross.org)

[CNCCDurham@usa.redcross.org](mailto:CNCCDurham@usa.redcross.org)

**Babysitter's Training Camp  
Scholarship Application  
Summer 2009**

Central North Carolina Chapter, American Red Cross, sponsors a limited number of need-based partial scholarships. **Students submitting scholarship applications are not automatically enrolled in a camp.** If awarded a scholarship, students will be placed in spaces reserved for scholarship recipients.

**Requirements**

- Applicants must live in Durham, Granville, Person, or Vance Counties.
- Applicants must be between the ages of 11 and 15 by first day of their camp.
- A separate application must be submitted for each child.

**Instructions**

To be considered for a Babysitter's Camp Scholarship, please complete and submit:

1. **Scholarship Application Form**
2. **Photocopy of recent pay stub from all parents/guardians**
3. **Student Statement**
4. **Optional Information Form if applicable**

Mail or fax completed application and copy of each parent or guardian's recent pay stub by May 15, 2009, to:

**Babysitter Camp**

**PO Box 52509**

**Durham, NC 27717-2509**

**Fax # 919-489-4026**

**Important Dates to Remember**

- Monday, **April 13, 2009** through Friday, **May 15, 2009**: Scholarship Applications will be accepted during this time. Incomplete packets will not be considered.
- Monday, **June 1, 2009**: All applicants will be notified of their scholarship status by this date. Please do not inquire prior to June 1 regarding your child's status.



**Personal Information**

**Student's Name:** \_\_\_\_\_

**Parent(s)' or Guardian(s)' Name(s):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_Female \_\_\_Male

**Race (optional):**     Native American     Asian/Pacific Islander  Black/African American  
                          Hispanic                     Caucasian/White     Other: \_\_\_\_\_

**Current Grade in School (2008-2009):** \_\_\_\_\_ **School is:** \_\_\_ Public \_\_\_ Private

**School Name:** \_\_\_\_\_

**School City, County:** \_\_\_\_\_

**Parents' Marital Status:**  Single     Married     Divorced     Legally Separated     Widowed  
• If divorced, who is the custodial parent? \_\_\_\_\_  
• Check here if the parent completing this form is NOT the custodial parent:

**Occupation of Parent/Guardian 1:** \_\_\_\_\_

**Occupation of Parent/Guardian 2:** \_\_\_\_\_

**Income Information**

• If legally separated, both parents' income must be reported. 2008

1. Annual income of parent or guardian 1 (wages, tips) ..... \$ \_\_\_\_\_

2. Annual income of parent or guardian 2 (wages, tips) ..... \$ \_\_\_\_\_

3. Annual income of other supporting adult(s) (name and relationship): \_\_\_\_\_ \$ \_\_\_\_\_

Total Annual Income (Add lines 1-3) **TOTAL** \$ \_\_\_\_\_

**Additional Financial Information**

Monthly rent or mortgage payment \$\_\_\_\_\_ Total # of dependent children in household: \_\_\_\_\_

Names & ages of children: \_\_\_\_\_

How much can the family contribute toward the cost of the camp (camp costs \$145)? .... \$ \_\_\_\_\_

How much aid is the family requesting toward the cost of the camp?..... \$ \_\_\_\_\_

Have you contacted any other funding sources in your community? \_\_\_\_\_

Please list the names of those people or organizations and the amount, if any, they have pledged.

\_\_\_\_\_

**Program Selection**

Only a set number of spaces in each class are reserved for scholarship recipients. Please rank the classes of your choice in order of preference (1- first choice, 2 – second choice, 3 – third choice). Student may only attend one camp.

- |                        |                        |                            |
|------------------------|------------------------|----------------------------|
| ____ June 15 – June 18 | ____ July 14 – July 17 | ____ August 3 – August 6   |
| ____ June 22 – June 25 | ____ July 20 – July 23 | ____ August 11 – August 14 |
| ____ June 29 – July 2  | ____ July 27 – July 30 | ____ August 17 – August 20 |
| ____ July 6 – July 9   |                        |                            |

**Certification**

I certify that the information furnished on this form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

Mail or fax completed application and copy of each parent or guardian’s recent pay stub by May 15, 2009, to:

**Babysitter Camp**  
**PO Box 52509**  
**Durham, NC 27717-2509**  
**Fax # 919-489-4026**



**American  
Red Cross**

**Central North Carolina Chapter**

4737 University Drive, Durham, NC 27707

919-489-6541. ext. 328

[centralnorthcarolina.redcross.org](http://centralnorthcarolina.redcross.org)

[CNCCDurham@usa.redcross.org](mailto:CNCCDurham@usa.redcross.org)

**Babysitter's Training Camp  
2009 Scholarship Application  
Student Statement**

In the space below, please describe:

- Why you wish to attend this summer camp
- What you hope to learn from attending
- Anything else that you would like to share about yourself

Please write neatly or type and attach additional page(s) if needed.

---

---

Signature of Student

---

Print Name

---

Date

---

Current Grade in School (2008-2009)



**American  
Red Cross**

**Central North Carolina Chapter**  
4737 University Drive, Durham, NC 27707  
919-489-6541. ext. 328  
[centralnorthcarolina.redcross.org](http://centralnorthcarolina.redcross.org)  
[CNCCDurham@usa.redcross.org](mailto:CNCCDurham@usa.redcross.org)

**Babysitter's Training Camp  
2009 Scholarship Application  
Optional Information**

**Student's Name:** \_\_\_\_\_

If desired, in the space below, please explain any unusual circumstances that you think affect your financial need.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date