



MAHEC/WCU HEALTH CAREERS
 SUMMER CAMP
 June 19 – 25, 2011



Request for Scholarship

PARENT OR GUARDIAN INFORMATION

I would like for (student name) _____ to attend
 the **MAHEC/WCU Summer Camp, June 19 - 25, 2011** and we request financial assistance in the
 amount of: \$ _____ (**maximum amount: 60.00**)

Number of people living in the household, including this child:

___1 ___2 ___3 ___4 ___5 ___6 ___more than 6 (*please indicate number*) _____

Average annual income level for the household (*please circle one*)

- | | | |
|---------------------|---------------------|---------------------|
| \$0 - \$9,999 | \$40,000 – \$49,999 | \$80,000 - \$89,999 |
| \$10,000 - \$19,999 | \$50,000 – \$59,999 | \$90,000 - \$99,999 |
| \$20,000 - \$29,999 | \$60,000 - \$69,999 | \$100,000+ |
| \$30,000 – \$39,999 | \$70,000 - \$79,999 | |

Please advise us of **any** problems, concerns or circumstances that MAHEC should be aware of in order to
 make a decision regarding providing assistance for the student (i.e., if the student does not receive
 assistance, he/she will not be able to attend; more than one child attending camp, etc.). We want all
 students to have access to this opportunity regardless of economic status. *All information provided is
 strictly confidential.* Comments:

Please print parent name: _____

Parent signature: _____

Date: _____

Attach to camp application or return form to: **MAHEC/WCU Health Careers Summer Camp**
 501 Biltmore Avenue
 Asheville, NC 28801
 Fax: (828) 257-4768 or email: healthcareers@mahec.net