



Summer Day Camp Scholarship Form

Please complete this form to apply for a scholarship and return it with your Noble Summer Camp registration forms. It is necessary to include a copy of your most recent W-2 form or copies of your three most recent pay stubs. This information will only be used to determine scholarship eligibility.

Child's Name _____ Parent's Name _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

Number of family members in household:

_____ Mother

_____ Father

_____ Children

_____ Other Adults

Gross annual income \$ _____

Signature of person providing information _____ Date _____

Please return this form and camp registration form to:

Noble of Indiana
6060 N. College Ave.
Indianapolis, IN 46220
317-726-0257 fax

For office use only:

_____ Scholarship approved and family notified

_____ Scholarship denied and family notified