

Shooting Stars Film Camp Scholarship Application

For more information, contact Pat Wright at 910.309.6580 or info@GroundSwellPictures.com

Please print legibly

Please choose the week you wish your child to attend:

June 19-23, 2017

June 26-30, 2017

Student's Name: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____

Parent's/Guardian's Names: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email(s): _____

Have you received a scholarship from Shooting Stars Film Camp in the last year? _____

Yearly Income of the Heads of Household Combined: \$ _____

Number of People in your family: _____

Number of Dependents in Household: _____

It is our policy that if asked, the applicant can produce records of financial yearly earnings.

Please attach a brief statement describing your circumstances and why your child would qualify to receive financial assistance for Shooting Stars Film Camp.

In another paragraph, please describe why you—but most especially your child—would like to attend this camp.

The application should be mailed to GroundSwell Pictures 221 Hay Street, Fayetteville, NC 28301, Attn: Shooting Stars, or emailed to info@GroundSwellPictures.com