

## Shooting Stars Film Camp Scholarship Application

For more information, contact Pat Wright at 910.309.6580 or [info@GroundSwellPictures.com](mailto:info@GroundSwellPictures.com)

*Please print legibly*

Please choose the week you wish your child to attend:

June 18-22, 2018

June 25-29, 2018

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](mailto:info@GroundSwellPictures.com)