



**Medford Lakes Colony**  
 79 Tecumseh Trail  
 Medford Lakes, NJ 08055  
 (609) 654-7747 // [camp@mlcolony.org](mailto:camp@mlcolony.org)

<p><b>For Office Use Only</b>  <b>Application Number:</b> _____          (# is used for purposes of confidentiality)</p>
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**Medford Lakes Colony Camp Scholarship Application 2026**  
**Must be returned to the Colony Office by April 30, 2026, for consideration**

This is an application to apply for relief from camp fees. To qualify for assistance, you will need to complete this application and return it to the Colony Office prior to the deadline.

It would then be necessary to pay a minimum of \$50.00 per child with the understanding that if you qualify for assistance there may not be enough funds to cover the balance of the camp fees. This means that the remainder of the camp fees will be necessary for you to pay. **If it is determined that camp fees are owed, they must be paid in full prior to Monday, June 29, 2026.**

An application number will be used to keep your identity separate from the financial information on page 2, which will be used to make a camp relief allocation. Your information will remain confidential.

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

***Thank you for entrusting your children to our summer camp program!***



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**Number of Household Residents:** \_\_\_\_\_

**Number of Household Residents under 18:** \_\_\_\_\_

**Estimated Annual Household Income:** \_\_\_\_\_

**Note:** Although we recognize the aspects of financial hardships are not necessarily fully reflected in one's tax statement, the Medford Lakes Colony reserves the right to request a current copy of your Federal Tax Form 1040 page 1 or NJ 1040 for income verification.

**What amount of relief are you requesting? \$** \_\_\_\_\_

**Note:** Camp relief allocations are also dependent on the amount available in the Camp Scholarship Fund.

**Request Statement:** Please share any special or unexpected circumstances that have made it difficult for you to afford summer camp. We understand that situations can be challenging, and you are welcome to include any additional information or attach extra pages that may help us better understand your situation.

**Please do not include any personally identifiable information.**

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-----Committee Use Only-----

Total Camp Fees Owed: _____	Approved Relief: _____
Payment Terms:	
Committee Chair	Date

**Thank you for entrusting your children to our summer camp program!**