

Kids on Campus Scholarship 2025



In 2005, the Administrative Employees' Committee at Bucks County Community College established a Kids on Campus Scholarship Fund. This fund is intended to provide support for families that are most in need of financial assistance. While availability of funds and scholarship amounts may vary from year to year, we are able to offer a partial scholarship for the 2025 camp season. Certain exclusions apply. The recipient must provide their own transportation to and from camp; before and after care is not included.

If awarded a scholarship, the recipient's parents/guardians must pay 50% of the cost of the camp.

Applicants must:

1. Be a resident of Bucks County
2. Have economic need (ex: reside in county subsidized housing or participate in the school meal program)
3. Commit to attending a full camp session
4. Meet good citizenship guidelines as determined by their school administrator
5. Complete all required camp forms following notification of their Scholarship Award
6. Include a short essay written with/by the child explaining why they want to come to camp.

Application Procedure:

To apply for a scholarship, complete both the camp registration and application form and submit it along with all supporting documentation to:

ATTN: Kids on Campus Scholarship
Bucks County Community College – Cottage 3
275 Swamp Rd.
Newtown, PA, 18940

Application Procedure:

All forms/paperwork must be submitted together.

One complete set must be completed for each child applying for a scholarship.

To register call 215-968-8409 or visit www.bucks.edu/kidsoncampus

2025 Kids on Campus Scholarship Application

SECTION I: Basic Information

APPLICANT (CHILD'S) NAME: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

PARENT/GUARDIAN'S EMAIL: _____

CAMPER'S BIRTH DATE: _____ **CAMPER'S AGE:** _____ **CAMPER'S SEX:** M or F

SECTION II: Camp Selection

CAMP CHOICES:

1st choice: _____ Date: _____

2nd Choice: _____ Date: _____

3rd Choice: _____ Date: _____

SECTION III: Recommendation (Please complete if child is being referred by school counselor, social worker etc.)

REFERRAL'S NAME: _____

AGENCY/TITLE: _____ **REFERRAL'S DAYTIME PHONE:** _____

My signature below verifies that I believe this student to be a good citizen of our school community and think he/she would also be a good camp citizen and would benefit from the camp experience.

REFERRAL'S SIGNATURE: _____ **Date:** _____

SECTION IV: Financial Need

You must provide one of the following as verification of scholarship eligibility:

_____ TANF Permanent Issuance Card (PIC)

_____ 2024 tax return form (1040, 1040EZ, 1040A, etc.)

_____ Name of school, school phone number and district providing reduced or free lunch (*Please provide a copy of any of the following as proof that your child is receiving free or reduce lunch: lunch approval form, lunch ticket, or lunch card.*)

School Name: _____ **School Phone Number:** _____

SECTION V: Signature

I have read and understand the information stated above, and certify that all the information listed above is true to the best of my knowledge.

Parent signature: _____ **Date:** _____

Please mail-in your completed application with all accompanying information as soon as possible to:

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