**Trenton Kiwanis Camp Fund Grant Application**

Name of Applicant Organization: Click here to enter text.

Street Address: Click here to enter text.

Town: Click here to enter text. Zip Code: Click here to enter text.

Camp Site Address: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

CEO/Executive Director: Click here to enter text.

Contact Name: Click here to enter text. Contact’s Title: Click here to enter text.

E-Mail: Click here to enter text.

Are you an IRS-approved tax-exempt organization? Yes  No

Narrative (Please limit responses to a maximum of 300 words for each answer)

1. How would your agency use the funds provided by this grant?

Provide individual children with scholarships for the 2024 camp season

Full weekly scholarship for low-children

Partial scholarship based on family income

Other

* + Please explain. Please note that the intention for the grants are for scholarships to provide low-income children the opportunity to attend camp. Click here to enter text.

1. If you would use the funds to provide scholarships, describe the selection criteria. Click here to enter text.
2. If you would use the funds to provide individual camp scholarships, describe whether the scholarships would pay for a week of camp in full or a percentage of the cost (include percentage). Click here to enter text.
3. What is the 2025 cost of a week of camp for non-subsidized children? Click here to enter text.
4. Describe the camp experience and activities that your camp provides. Click here to enter text.
5. Describe how you accommodate children with special needs. Click here to enter text.
6. In 2025, how many weeks will the camp open to children? Click here to enter text.
7. How many weeks of camp does the average camper attend during the summer? Click here to enter text.
8. What are the operating days and hours? Click here to enter text.
9. What ages does your camp serve? Click here to enter text.
10. What is the average camper’s age? Click here to enter text.
11. Are meals served and is there a cost to the family? Click here to enter text.
12. In 2025, what percent of children are from families with income below 250 percent of the Federal Poverty Level? Click here to enter text.

If you do not track this information, how do you determine the need for scholarships? Click here to enter text.

1. Are families informed that they are the recipient of a Times-Kiwanis Scholarship? Click here to describe.
2. If your camp was funded in 2024, how many children benefited from Camp Fund Scholarships? Please describe here.
3. Please provide a quote the Kiwanis Club can use on its social media platforms as we promote the Camp Fund to prospective donors. Click here to enter text.
4. Please provide photos (JPEG) and photo releases The Kiwanis Camp Fund can use to promote donations. If you have been sending photos throughout the 2025 camp season, no need to send additional photos.

Anything else you would like us to know? Click here to enter text.

*I certify that the information contained in this application, including all attachments, is true and correct to the best of my knowledge and that all funds received by this organization from the Kiwanis Club of Trenton will be used as outlined in the above proposal. I understand that submission of an application does not guarantee funding.*

Include the following documents with your application:

* W-9 Form (can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
* 2025 Camp License (DCF or DOH)
* Camp Brochure/Flyer

Signature or Typed Name of CEO/Executive Director Submitting This Application: Click here to enter text.

Date: Click here to enter text.

**Submit completed application by August 31 to** [**nancy.c.thomson@gmail.com**](mailto:nancy.c.thomson@gmail.com) **or via U.S. Mail to Kiwanis Club of Trenton, P.O. Box 7455, Trenton, NJ, 08628**