**Hoosier Debate Camp 2020**

**FINANCIAL AID REQUEST FORM**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which Session(s) are you applying for? □ Two Week Options July 5th - July 19th, 2020 $1425

 □ One Week Option: July 5th – July 12th, 2020, $800

 □ Speaking and Public Advocacy 13th – July 17th, 2019, $500

2. Parent/Guardian(s) should provide proof of income. This can include afirst page copy of their 2019 or 2018 Federal Income Tax Return(s) or alternative documentation or evidence of free or reduced lunches. These forms are critical to help us evaluate financial need. We only need the summary section of the tax return (usually the first few pages), not all supporting documents.

3. Written explanation of a student’s merit (from a debate standpoint) and their financial need are also required. This is very useful for us when we try to compare students’ need or when there are special circumstances that deserve attention.

4. Students should write a short letter explaining why the scholarship will help further their goals in debate.

5. Please let us know if you are: African American, Hispanic/Latino, Native American, would be first-generation college students, and if you qualify for free/reduced lunch.

***Parents/applicants should remember:***

1. Scholarships can be full or partial. There are many requests and limited funds. It is unlikely (except in rare circumstances) that scholarships will be awarded to students with family incomes greater than $50,000.

**Parent’s/Guardian’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form by April 30th to quality for**

**the first rolling admission consideration. Afterwards**

**decisions will be made on available remaining resources.**

EMAIL: Hoosierdebatecamp@gmail.com

Subject Line: Scholarship Application – Student Name

MAIL:

Hoosier Debate Camp

 Attn: Brian DeLong

 SPEA #323 1315 E. Tenth St.

 Bloomington, IN 47405