

Foundation for Community Justice

PO Box 1266 Greenfield, MA 01302

www.healingfranklincounty.com

2023 Summer Camp Scholarship Application Applications due by June 16, 2023.

The mission of the Foundation for Community Justice is to promote healing and recovery in Franklin County. In 2023, we are offering scholarships for Franklin County families who are referred by local organizations or groups and who fit within the Foundation's mission. Scholarship funds are limited and will be awarded on a first comefirst awarded basis until the funds are depleted. Applications are due by June 16, 2023.

The Foundation will pay up to \$600 per family for <u>a week of summer camp</u> for children who qualify. Parents/guardians make arrangements directly with the camp of their choice, including the medical forms necessary to enroll. The Foundation will give the parent/guardian a check made out to the camp, and the parent/guardian will make the payment.

Anne Diemand Bucci, President Josephine Burnett, Clerk Andrea Carlin, Treasurer

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Lucinda Brown
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The Foundation for Community Justice will pay for one week of camp, up to \$600 per family. For rural families where transportation is a barrier, the Foundation will give the family a \$50 gas card to help with expenses. If funding remains, the Foundation may be able to offer a second week's scholarship to enrolled families. To apply, mail applications to the Foundation for Community Justice, PO Box 1266, Greenfield, MA 01302, or email scan of application to Lbrown1st@aol.com.

Organization/Agency/Group Referral					
Name of Agency/Organization/Group:					
Person, title, making the referral:					
Phone:	Email:				
Family Information					
Name of parent/guardian:					
Phone:					
Mailing Address for check:					
Rural families: Check here to request	t a \$50 gas card for Mc	obil Shell			
Camp Information for each child					
Name/location of camp:					
Name of child who will be attending:		Age:	Gender:		
Dates of camp week:		Cost of camp week	Cost of camp week:		
Name/location of camp:					
Name of child who will be attending:		Age:	Gender:		
			Cost of camp week:		
I attest that the Foundation	for Community Justice	will be promoting hea	lling and recovery by		
awarding this scholarship.	•				
Signature of group/agency repres	contativo				
Signature or group/agency repres	SCIILALIVE				