



## SUMMER CAMP SCHOLARSHIP REQUEST FORM

Parent/Guardian Name(s):		
Address:	City:	State:
Email Address:	Phone Number:	
Child's Name(s):		
Child's School(s):		
Name of Child's Teacher(s):		
Camp Preference Dates:		
Amount of Scholarship Requested:		
Gross Annual Income Before Taxes:	Number of People in Household:	
Parent/Guardian(s) Occupation(s):		
Are there any other special considerations that you would like to make us aware of?		