



1. Name of Guardian/Applicant: _____

2. Camper Name(s): _____

3. I would like to apply for scholarship to the following camp (select up to two):

June 26 - June 30	Nature Art Camp
July 10 - July 14	Wilderness Skills Camp
July 17 - July 21	Feathered Friends Camp
July 24 - July 28	Nature Art Camp
August 7 - August 11	Wilderness Skills Camp
August 14 - August 18	Feathered Friends Camp

4. Does your camper qualify for the free lunch program at their school?

Yes No

5. Please list net monthly income from all sources
Earnings (Salary, Wages, Commissions, etc.) _____

Agency Subsidy (Welfare, Social Security, etc.) _____

Other (Alimony, Child Support, etc.) _____

TOTAL _____

6. Total number of adults and children living on income represented: _____

7. Please describe any extenuating circumstances that you would like to be considered on your scholarship application:

8. In order to make more scholarships available, we ask you to please consider a partial scholarship

30% 50% I request a full scholarship

9. *I certify that the above information is true*

Signature of Parent/Guardian: _____ Date: _____