



# Wild Birds Unlimited Scholarship

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):

- July 7 - July 11, 2025
- July 14 - July 18, 2025
- July 21 - July 25, 2025
- August 4 - August 8, 2025
- August 11 - August 16, 2025
- August 18 - August 22, 2025

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: \_\_\_\_\_