



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 8 - July 14, 2024 (ages 6-9)

July 15 - July 21, 2024 (ages 6-9)

July 22 - July 28, 2024 (ages 6-9)

July 29 - August 2, 2024 (ages 6-9)

August 5 - August 9, 2024 (ages 6-9)

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: _____