



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):

- June 28 - July 2, 2021
- July 5 - July 9, 2021
- July 12 - July 16, 2021
- July 19 - July 23, 2021
- July 26 - July 30, 2021
- August 9 - August 13, 2021
- August 16 - August 20, 2021

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: _____