



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 12 | Wilderness Skills Camp
- July 15 - July 19 | Feathered Friends Camp
- July 22 - July 26 | Wilderness Skills Camp
- August 5 - August 19 | Wilderness Skills Camp
- August 12 - August 16 | Feathered Friends Camp
- August 19 - August 23 | Wilderness Skills Camp
- July 8 - July 12 | Wilderness Skills 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: _____