

Individual Participant Scholarship Application

Name of Parent/Guardian:			
Address:			
Phone(home):	Phone(cell):	Phone(cell):	
Name of Child:	Age:	Gender:	
Does your child receive a free scho	ool lunch?		
Name of program for which schola	rship is being requested:		
Total program costs for this partici	pant: Amount c	of scholarship funds you are requesting:	
How do you hope your student/ch	ild will benefit from a scholarship	and participation in an Audubon program?	
Please provide the following infor	mation:		
Gross monthly income:	Gross month ex	rpenses:	
Which week(s) of summer camp co	ould your child attend?		
** Please see the website for sess	ion offerings and dates**		
		_	
What hours would you like your ch	nild to attend? 9AM-3PM or 9AM-5	5PM?	
, ,		5PM?	
Please note the following guideline		5PM?	
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2. Scholarships will b	es for applicants: If be given to early applicants, the awarded based on need, tiven to campers that have not prev	viously received a scholarship.	
Please note the following guideline 1. Consideration will 2. Scholarships will b 3. Priority may be given	es for applicants: If be given to early applicants, the awarded based on need, tiven to campers that have not prev	viously received a scholarship.	

If you have any questions, please contact
Casey Arndt, Center Director