

## **Individual Participant Scholarship Application**

Name of Childs	Phone(cell):		
Name of Child:	Age:	Gender:	
Does your child receive a free school lunch?_			
Name of program for which scholarship is bei	ing requested:		
Total program costs for this participant:	Amount	of scholarship funds you are requesting:	
How do you hope your student/child will ben	efit from a scholarship	and participation in an Audubon program?	
Please provide the following information:			
Gross monthly income:	Gross month e	xpenses:	
Which week(s) of summer camp could your c	hild attend?		
** Please see the website for session offerin	gs and dates**		
What hours would you like your child to atter	nd? 9AM-3PM or 9AM-	5PM?	
Please note the following guidelines for appli	cants:		
1. Consideration will be given t	ven to early applicants.		
2. Scholarships will be awarded			
3. Priority may be given to cam	pers that have <b>not</b> pre	eviously received a scholarship.	
I certify that the information I have provided	is true to the best of m	ny knowledge.	
Signature:		Date:	

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