

Summer Arts Camp
June 22-27, 2009

Scholarship Application

Date of request: _____

Name & Age of participant: _____

Name of parent/guardian: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____

Parent/guardian's employer: _____

Amount of assistance requested: _____

Please outline your reasons for requesting assistance:

What do you and your child/children hope to gain from participation in this program?

Signature

Date

Relationship to participant

For office use only

Amount requested: _____ Recommended Amount: _____

Signature of Reviewer

Date

Comments: