

Parent/Guardian name(PLEASE PRINT) _____

Address _____

DO YOU HAVE THE FINANCIAL ABILITY TO CONTRIBUTE TO THE COST OF YOUR CHILD SUMMER CAMP STAY ? ___ YES ___ NO

SCHOLARSHIP REQUEST FOR:

OPEN CAMP

DAY CAMP

NAME(S) OF CAMPER(S) and grade(s) entering in September 2017 :

1) _____

2) _____

3) _____

4) _____

SCHOLARSHIP REQUEST FOR DAY CAMP: *campers entering kindergarten thru fifth grade in September 2017*

SCHOLARSHIP REQUEST CAN BE FOR EITHER SESSION 1 OR SESSION 2

SESSION 1 (FIRST THREE WEEKS OF CAMP/ JUNE 26TH THRU JULY 14TH)

SESSION 2 (SECOND THREE WEEKS OF CAMP/JULY 17TH THRU AUGUST 4TH)

SCHOLARSHIP REQUEST FOR OPEN CAMP: *campers entering sixth thru ninth grade in September 2017*

SCHOLARSHIP REQUEST CAN BE FOR ANY TWO WEEKS

- | | |
|--|-------------------------------|
| <input type="radio"/> WEEK 1/ JUNE 26-JUNE 30 | BOUNCE SPORTS/PAINTBALL |
| <input type="radio"/> WEEK 2/ JULY 3-JULY 7 | MT. CREEK/IMAX |
| <input type="radio"/> WEEK 3/ JULY 10-JULY 14 | CAMELBEACH/FUNPLEX |
| <input type="radio"/> WEEK 4/ JULY 17-JULY 21 | DORNEY PARK/CASTLE FUN CENTER |
| <input type="radio"/> WEEK 5/ JULY 24-JULY 28 | SIX FLAGS/DAVE & BUSTER'S |
| <input type="radio"/> WEEK 6/ JULY 31-AUGUST 4 | SPIRIT CRUISE |

Lined writing area with 25 horizontal lines.

(PARENT/GUARDIAN SIGNATURE)

(DATE)