



Workshop/Camp Scholarship Form

NAME OF WORKSHOP/CAMP SESSION: _____

DATES OF PROGRAM: _____

NAME OF PARENT REQUESTING SCHOLARSHIP: _____

NAME OF STUDENT ENROLLING: _____

BIRTHDATE: _____ AGE: _____

ADDRESS: _____

CITY/STATE ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PUBLISHED ENROLLMENT FEE: _____

SCHOLARSHIP REQUEST: \$ _____
(AMOUNT THAT YOU ARE ABLE TO PAY.)

PLEASE TELL US WHY YOU WOULD LIKE TO ENROLL YOUR CHILD FOR THIS PROGRAM:
