



# Great Basin Outdoor School

## Day Camp Scholarship Application

*This form is to be filled out by the child's parent or guardian. All information submitted on this form will be kept strictly confidential.*

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Camp session that you are hoping to attend (for summer camp, please list your first and second choice of week): \_\_\_\_\_

\_\_\_\_\_

How much financial assistance do you need? (circle one)    Full scholarship    Partial scholarship

If awarded a partial scholarship, what portion of the cost would your family be able to cover?

75%

50%

25%

A specific dollar amount: \_\_\_\_\_

none

Please describe why you are interested in having your child attend Great Basin Outdoor School Camp.

Please describe how your child would benefit from an outdoor summer camp experience.

Is there anything else you'd like us to know?

Parent Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_