



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: _____