

NAME OF APPLICANT:		
ADDRESS:		
PHONE NUMBER:		
TOTAL AMOUNT YOU CAN PAY:	SCHOARSHIP AMOUNT REQUESTED:	
WHY DO YOU NEED THIS SCHOLARS	HIP?	
WHY DO YOU WANT TO GO TO SUMM	ER CAMP?	
	-ADVERTISED JOBS TO RAISE MONEY:	
PARENT/GUARDIAN'S SIGNATURE (I	F UNDEK 10 1KS.).	

