



# Audubon SHARON

## Summer Nature Day Camp Scholarship Application

Register by mail, fax, or in person:  
Audubon Sharon Summer Programs  
325 Cornwall Bridge Road, Sharon, CT 06069  
Fax: 860-364-5792 Attn. Wendy

PLEASE USE A SEPARATE FORM FOR EACH CAMPER. FORM MUST BE COMPLETE.

Child's Name : \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
(First) (Last)

Grade entering in Fall 2019: \_\_\_\_\_ Date of Birth (Month/Day/Year)\*: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Child's School: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

1. Parent's/Guardian's marital status : \_\_\_\_\_ Single \_\_\_\_\_ Separated/Divorced  
\_\_\_\_\_ Married \_\_\_\_\_ Widowed

2. Total number of legal dependents in the student's household: \_\_\_\_\_

3. Does your child participate in a free and reduced lunch program at school? Yes No

4. Which Summer Program Session (title and date) does your child wish to attend? \_\_\_\_\_

5. What is the cost of the session your child wishes to attend? \$ \_\_\_\_\_

6. Amount of aid you are requesting: \$ \_\_\_\_\_

*(This figure should be commensurate with student and family needs. Because we have limited scholarship funds, we ask that you please be honest and request only the amount you truly need. We are able to reach more students with partial scholarships than full scholarships and try to help out as many families as possible. Thank you!)*

**\*\*Family must be prepared to pay the \$35 membership fee with any scholarship amount**

7. Has your child attended a nature program at Audubon in the past? Yes No

8. If yes, what was the program? \_\_\_\_\_

9. Has your child received scholarship assistance in the past? Yes No

*Please complete the back side of this form as well.*

