



# Norman Bird Sanctuary

## Camp Scholarship Form 2024

**Full Scholarship Deadline: June 1, 2024**

**Partial Scholarship Deadline: July 1, 2024**

**Scholarships are reviewed on a rolling basis**

The Norman Bird Sanctuary strives to serve everyone in our community, regardless of financial circumstances. A limited number of full and partial scholarships are available.

Full scholarship applications must be received by June 1, 2024, and partial scholarship applications must be received by July 1, 2024. The award is based upon need and the number of spaces available in camp programs. All identifying information will be kept confidential.

**Complete one form for each child that wishes to attend camp. All information must be completed in full.**

**Parent/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

### Child's Information

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Racial or Ethnic Identity: White \_\_\_\_ Black or African American \_\_\_\_ American Indian or Alaska Native \_\_\_\_

Asian \_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_ Hispanic or Latino \_\_\_\_

School: \_\_\_\_\_ Grade in 2023-2024 School Year: \_\_\_\_\_

**Preferred Camp** Please check preferred camp or rank preferences based upon the appropriate grade level if you are interested in more than one camp.

\_\_\_\_ Fledglings (ages 3.5-5)      \_\_\_\_ Nature Day (K - 4)      \_\_\_\_ Explorers (5 - 8)

\_\_\_\_ Coastal Camp (2-3, 4-6, 7-8)

**Preferred Sessions** Please rank preference. For session themes and descriptions, please refer to our website. If the week(s) chosen are full, we will contact you to discuss other options.

\_\_\_\_\_ Session 1 (June 24-26)

\_\_\_\_\_ Session 5 (July 22-26)

\_\_\_\_\_ Session 2 (July 1-5)

\_\_\_\_\_ Session 6 (July 29-August 2)

\_\_\_\_\_ Session 3 (July 8-12)

\_\_\_\_\_ Session 7 (Aug 5-9)

\_\_\_\_\_ Session 4 (July 15-19)

\_\_\_\_\_ Session 8 (August 12-16)

**Family Income:**

Total # of people in family - Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Taxable Yearly Income for Family: \$ \_\_\_\_\_

Does your family qualify for:

1. Free or reduced lunch \_\_\_\_\_

**Scholarship Request (check the total amount you are able to pay, and indicate if that amount is total or per session):**

Amount able to pay (check one):

\_\_\_\_\_ \$200

\_\_\_\_\_ \$150

\_\_\_\_\_ \$100

\_\_\_\_\_ Other (indicate how much the parent/guardian can reasonably contribute)

\_\_\_\_\_ \$0 (seeking full scholarship only)

That amount is:

\_\_\_\_\_ Total

\_\_\_\_\_ Per session

**Please provide a Letter of Consideration detailing reason for application and any special circumstances (Attach additional pages as necessary):**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

