



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 Entering in the Fall _____

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 (rising K - 4) ____ Explorers (rising 5 - 8)
____ Coastal Camp (rising 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):
