Day Camps Scholarship Application

Please return this application by email, mail, fax, or in person. Applications will be reviewed on a rolling basis (usually within one week of receipt) until all scholarship funds have been awarded.

Please carefully consider the amount you can afford to pay for camp, so that we can divide our scholarship funds between as many campers as possible.

Please send your completed form to Debbie Archer, Camp Director at:
**Address:** Audubon Vermont, 255 Sherman Hollow Rd. Huntington, VT 05462
**Fax:** (802) 434-4686  **e-mail:** darcher@audubon.org

**Questions?** Call (802) 434-3068
**Camp brochure is available at** [http://vt.audubon.org/camp](http://vt.audubon.org/camp)

Please note that completing this form does not register your child for day camp; you must first be accepted, then complete your registration online.

Child’s Name_________________________________ DOB ________________________

1) Parent/Guardian___________________________________________________________
   Address _________________________________________________________________
   City _____________________________ State _____ ZIP _______________________
   Telephone (day) ___________________ (evening) ______________________________
   E-mail __________________________
   Occupation ____________________________________________________________

2) Parent/Guardian___________________________________________________________
   Address _________________________________________________________________
   City _____________________________ State _____ ZIP _______________________
   Telephone (day) ___________________ (evening) ______________________________
   E-mail __________________________
   Occupation ____________________________________________________________
Are you (parent/guardian) an Audubon member? _____Yes _____No

Have you previously received financial aid to attend a day camp at Audubon Vermont? _____Yes _____No

If yes, in what year(s) did you receive financial aid? ______________________________________

What is your annual household income? _________________________________________________

How many people are living in your household? __________________________________________

Which camp do you want your child to attend, and why?

What is the full cost of this camp? ______________________

What amount can you afford to pay? ______________________

Please use the remaining space to explain any expenses or circumstances that signify your need for financial aid.

For Office Use Only:

Date received: _____________________ Amount Awarded: _____________________