



The summer scholarship program is available to children ages 4-13 who meet special criteria. We work hard raising funds for scholarships to see that all children have the opportunity to enjoy camp, but we can make no guarantees. If you feel your child qualifies for a camp scholarship, please fill out the application below for each applicable child and include a letter of recommendation for your child's teacher. Please submit your application by Friday, May 6th to The Arboretum at Flagstaff, 2700 Woodlands Village Blvd. #300-172, Flagstaff, AZ 86001. You will be notified at your home phone number if your child has received a scholarship.

Summer Adventure Program – Scholarship Application

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|-------|
| Date: |
|-------|

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|---|--|-------------|---------------|-------------|--|
| Name of Child: | | Birth date: | | Age: | |
| Primary Address: | | City: | State | Zip Code: | |
| Home Phone: | | Cell Phone: | | Work Phone: | |
| Name of Mother/Guardian: | | | | | |
| E-mail address: | | | | | |
| Address: | | City: | State: | Zip Code: | |
| Name of Father/Guardian: | | | | | |
| E-mail address: | | | | | |
| Address: | | City: | State: | Zip Code: | |
| Gross Annual Household Income (Before taxes): | | | | | |
| Total Number of individuals in household: | | | | | |
| | | | | | |
| School Name: | | | School Phone: | | |
| School Address: | | City: | State: | Zip Code: | |
| Name of child's teacher: | | | | | |
| Application continues on next page. | | | | | |

Please tell us why you think your child is an ideal candidate for the summer camp scholarship program.

If your child is awarded a scholarship, they will receive one camp opportunity. Please list the camps you are interested in sending your child to in order of preference. We will try to honor the first camp requested. Camp topics and dates are found on our website, www.thearb.org.

- 1.
- 2.
- 3.

Please affix a letter of recommendation from your child's classroom teacher nominating your child for the summer camp scholarship program.

If awarded a financial scholarship I agree to have my child write/create a thank you for the generous donations received towards the summer camp scholarship.

Parent/Guardian Signature:

Date:

Please print name:

