



# Scholarship application

## Scholarship Application

Tree Frog Treks firmly believes that no one should be denied the opportunity to learn, no matter what the reason is. We understand that life is dynamic and sometimes finding programming within your budget is hard. That is why we created our own scholarship program that offers scholarships ranging from partial to full. To be considered, all you have to do is fill out our short two-part scholarship application (Camper participant Part 1 and Guardian Part 2). We read every single application we receive and personally respond to each. If we are able to grant your request, your child can come along with us at a reduced cost (or maybe even for free!), because learning is truly the most valuable contribution we could offer you!

*The deadline to apply for a scholarship is April 15th. We will notify you of our decision as soon as possible, at minimum one month prior to the trek or camp date.*

### Part 1 (Optional: For the child participant to fill out in whatever medium they choose.)

On a separate piece of paper please send Tree Frog Treks telling/showing us what you are looking forward to at Tree Frog Treks camp! What are you excited to explore? Please email or snail mail it to us with part 2 of the form that your parent/guardian has filled out!

### Part 2 (For the parent(s) or legal guardians to fill out)

1. Name of Child Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_
2. Parent/Guardian #1 Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address (if different than above): \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_
3. Parent/Guardian #2 Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address (if different than above): \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_
4. Total Number of Dependents: \_\_\_\_\_
5. Which camp are you applying for?      Half Day Camp (Pre-K – Kindergarten)       Full Day Camp (Grades 1 – 5)
6. **Name, dates and location of one camp/program session** you wish to attend : \_\_\_\_\_  
 a. Amount of camp/program (Extended care is not eligible for scholarships)..... \$ \_\_\_\_\_  
 b. Amount to be contributed by parents or others ..... \$ \_\_\_\_\_  
 c. Requested scholarship amount (amount from a. minus amount from b.) ..... \$ \_\_\_\_\_
7. Has applicant ever attended camp before? ..... No .....Yes | If yes, please list the camps and years attended: \_\_\_\_\_
8. Has applicant received a scholarship before? ..... No .....Yes | If yes, how many times: \_\_\_\_\_
9. Is there any additional information you would like us to know: (Use additional sheets if necessary) \_\_\_\_\_

**I, the undersigned, certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information will result in disqualification and/or termination as a Tree Frog Treks Scholarship recipient. I understand that this Scholarship Application does not guarantee the above named applicant a scholarship or participation in the abovementioned program.**

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_