



## Camp Scholarship

Email to [sylvie@steamboatcreates.org](mailto:sylvie@steamboatcreates.org)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Preferred camp: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Partial (30%) Scholarship request

☐ Full (100%) Scholarship request

Statement demonstrating financial need: \_\_\_\_\_

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Statement of why you think the creative camp will benefit the child:

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Please include tax return to show explanation of financial need.