



Camp Scholarship

Email to programs@steamboatcreates.org

Child's Name: _____ Age: _____ Grade: _____

Desired Camp Name: _____

Date and Time: _____

Parent/Guardian's Name: _____

Phone Number: _____ Email: _____

Statement demonstrating financial need: _____

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

*Please include the latest tax return to document financial need.