



Scholarship Application – Summer 2018

Camper's Name: _____ Age _____

Grade Entering Fall 2018: _____ Gender: _____

Parent/Guardian
Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

Cell Phone(s): _____ Work phone(s): _____

E-mail(s): _____

Workplace(s): _____

What is the reason for hardship and/or requesting the scholarship assistance?

What is the amount you are able to pay for camp?

SOUTHWEST WEST CENTRAL SERVICE COOPERATIVE



Education & Administrative Resources