

## AWOL 2011 Summer Camp Scholarship Application



The summer camp scholarship program is available to children and youth ages 7-18 with a desire to attend AWOL Summer Programs. The scholarship program is very limited and is made possible by the generous donations of community members and private corporations. It is our sincere desire that no child be denied the opportunity to attend camp because of financial difficulties. If you feel that you may be eligible for a scholarship, please fill out the information below and return it to AWOL, Inc. via mail or fax (912-525-3160) by **June 24th @ 12pm**.

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

I am applying for a \$225 AWOL 2011 Summer Camp Scholarship (1-2 week Session)

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How many family members living in the same household? \_\_\_\_\_

What is the estimated family annual income from all sources: \_\_\_\_\_

Has the camper attended an AWOL program in the past? \_\_\_\_\_

Which session would you like to attend?  July 1-14th  July 18-29th

*We will try our best to honor your selection but there is no guarantee on which session you will be allowed to attend if awarded a scholarship.*

Have you taken any arts classes/workshops in drama, music recording, film, photo or theatre and performing arts? Yes  No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below you understand that in order to accept your scholarship award, a parent or guardian must sign and give you permission to participate. You also understand that if awarded a scholarship, you must attend all scheduled days of camp or your scholarships will be revoked.*

