

875 Oklahoma Avenue
San Luis Obispo, CA 93405



(805) 543-9316 Phone
(805) 543-9524 Fax
www.woodshumane.org

CRITTER CAMP SCHOLARSHIP APPLICATION

Parent(s), please fill out a separate form for each child and attach to the camp application form(s). All information will remain **confidential**. Every attempt will be made by the committee to review your application within 2 weeks of your submittal. Scholarship recipients must submit a statement of need and an essay of their camp experience upon completion.

Date Application Submitted: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ Age of Child: _____

Camp dates requested: 1st choice: _____ 2nd choice: _____

Total amount of scholarship requested: _____

How did you hear about the critter camp scholarship program?:

If employed, list name of employer: _____

May we contact your employer? Yes No

Do you rent or own your home? Rent Own

Parent's Signature: _____ Date: _____

Child's Signature: _____ Date: _____

For Staff Use Only

Amount of
Scholarship Awarded

Date:

Scholarship Declined

Date:

Parent Contacted On

Statement of Need – Please describe why you are requesting a scholarship:

