

Return to Young Writers Association
PO Box 5153 8, Eugene OR 97405

2010 Camp Scholarship Form

Parent or Guardian Name(s):		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	

Please list each child's name. Include last name if different than parent or guardian:

Please put a check for each child by the Camp session they wish to attend:

- Middle School grades 6-7 July 12-16
 Camp I grades 4-5 July 19-23
 Camp II grades 3-4 July 26-30

(Note: Registration forms and a \$25.00 deposit per child are required to register child for camps.)

Total Scholarship Amount Requested:	
Household Income:	Number of persons in the home:
Employer:	
Special circumstances that warrant a scholarship:	

Office Use Only

Date Received:	Approved By:
Amount Given:	Confirmed: