



Audubon SHARON
Summer Nature Day Camp
Scholarship Application

Register by mail, fax, or in person:
 Audubon Sharon Summer Programs
 325 Cornwall Bridge Road, Sharon, CT 06069
 Fax: 860-364-5792 Attn. Wendy

PLEASE USE A SEPARATE FORM FOR EACH CAMPER.

Child's Name : _____ Sex: _____ Male _____ Female
(First) (Last)

Grade entering in Fall 2009: _____ Date of Birth (Month/Day/Year)*: _____

Parent/Guardian Name(s): _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Parent Email: _____

Child's School: _____

How did you hear about our camp? _____

1. Parent's/Guardian's marital status : _____ Single _____ Separated/Divorced
 _____ Married _____ Widowed

2. Total number of legal dependents in the student's household: _____

3. Does your child participate in a free and reduced lunch program at school? Yes No

4. Which Summer Program Session (title and date) does your child wish to attend? _____

5. Amount of aid you are requesting: \$ _____
(This figure should be commensurate with student and family needs.)

6. Has your child attended a nature program at Audubon in the past? Yes No

7. If yes, what was the program? _____

8. Has your child received scholarship assistance in the past? Yes No

Please complete the back side of this form as well.

