

 **Audubon**  
CENTER BENT OF THE RIVER  
**Summer Nature Day Camp**  
**Scholarship Application**

Register by mail, fax, or in person:  
Audubon BOTR Summer Programs  
185 E. Flat Hill Road, Southbury, CT 06488  
Fax: (203) 264-6332

PLEASE USE A SEPARATE FORM FOR EACH CAMPER AND INCLUDE A COMPLETED REGISTRATION FORM WITH EACH SCHOLARSHIP APPLICATION.

Child's Name : \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
*(First)* *(Last)*

Grade entering in Fall 2017: \_\_\_\_\_ 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: \_\_\_\_\_

Buddy Request: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

What session(s) would your camper like to attend? Please write down the theme & date. \_\_\_\_\_

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 or reduced lunch program at school? Yes No

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

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

6. If yes, what was the program? \_\_\_\_\_

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

