

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	f Birth (Month/Day/Year)*	:	
Parent/Guardian Name(s):				
Address:				
City/State/Zip:				
Day Phone:	Evening Phone:	Cell F	hone:	
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What session(s) would your camper like to attend? Please write down the theme & date. 1. Parent's/Guardian's mari	tal status :S	Single Married	Separated/D Widowed	vivorced
2. Total number of legal dep	endents in the student's l	household:		_
3. Does your child participat	e in a free or reduced lur	nch program at scho	ol? Yes N	No
4. Amount of aid you are rec (This figure should be comment				
5. Has your child attended a	nature program at Audu	ibon in the past?	Yes	No
6. If yes, what was the progr	am?			
7. Has your child received so	cholarship assistance in th	ne past?	Yes	No

To help us secure funding for your scholarship, we would like your child to write a short essay telling us why they would like to attend Audubon Bent of the River's Summer Nature Day Camp. Thank you!				
* Please note: This essay may be submitted to the National Audubo of the River to be reimbursed for the cost of your child's scholarship permission to use the essay for this purpose. If you have any question in touch with Ken Elkins, Camp Director at 203-405-9113. Thank you	p. Your signature below gives us ons or concerns, please feel free to get			
Signature of Parent/Legal Guardian	Date			
Name of Camper:	Age			