

## **Cleveland Metroparks Winter Camp Scholarship Application**

To apply for a camp scholarship please complete the following application and return it to <u>education@clevelandmetroparks.com</u> with your **proof of eligibility (SNAP, Medicaid, National School Lunch Program - CEP).** 

<u>Applications are due December 9, 2024</u>. If qualified and chosen, one scholarship will be awarded per child, per year. A non-refundable \$10 copay is required upon scholarship receipt to reserve your child's spot in camp. \*Scholarships are offered through a special gift from the Cleveland Natural Science Club and other generous donors.\*

Legal Guardian Information	1					
Name*		r		*requi	ired information	
First		Last				
Dhono*		Email*				
Phone*	I					
Street Address*				7		
City*	r	State*				
Zip Code*						
School District*		School Name*				
Camper Information*						
First Name	Last N	Last Name			Date of Birth	 Current Age
						(in years)
Have you attended a Clevel	and Metroparks Wir	nter Camp before?	Yes	No		
-		-				
First Choice Camp Session*						
Name of Camp				_		
Camp Dates & Times	Camp Loc	ation		_		
Second Choice Camp Sessio	n*					
Name of Camp				_		
Camp Dates & Times	Camp Loc	ation				

## Third Choice Camp Session

Name of Camp	
Camp Dates & Times	Camp Location

## From the camper...

We would love to hear from you! Please write a brief paragraph on why you would like to attend one of our camps. Campers age 7 years and under may draw a picture on the topic. This section is optional\*