

# SCHOLARSHIP FORM

- A. Scholarships for 85% of the price are available for families receiving public assistance (General Assistance, Medicaid/Medical Assistance, Food Stamps, or Section 8 housing.)
- B. Scholarships for 50% of the price are available for other families needing assistance.

Awards are based on need and availability of funds; you will be notified of approval within seven business days of receipt of complete application. For more information, call (651) 433-2427, ext. 10. Please use this form to indicate all camps your child(ren) will be participating in.

Parent(s) Name: \_\_\_\_\_

Participant Names: \_\_\_\_\_ Phone: \_\_\_\_\_

## TO APPLY:

1. Complete this scholarship form. Your application cannot be processed without proof of assistance or a copy of your latest tax return, as indicated below.
2. Complete a camp registration form and waiver for each child.
3. Enclose payment for camp. If no funds are available or the camp is full, your money will be refunded.

Calculate your camp fee:

Total Non-Member Price \$ \_\_\_\_\_ x .15 = \$ \_\_\_\_\_ (amount owed)

Total Non-Member Price \$ \_\_\_\_\_ x .50 = \$ \_\_\_\_\_ (amount owed)

4. Send scholarship form, financial information, camp registration form, waiver, and payment to:

Warner Nature Center  
15375 Norell Avenue North  
Marine on St. Croix, MN 55047  
Attn: Office Coordinator

5. If you require van transportation from SMM and your scholarship is approved, your scholarship will cover costs for van transportation.

## FINANCIAL INFORMATION: FILL OUT SECTION A OR B.

Section A: Our family receives public assistance. We are applying for a scholarship for 85% of the class fee.

Check all that apply:

- General Assistance
- Medicaid or Medical Assistance
- Food Stamps
- Section 8 housing

You must send proof of current enrollment in one of these programs.

Section B: Our family does not receive public assistance. We are applying for a scholarship for 50% of the class fee.

1. Please provide the following information:

\$ \_\_\_\_\_ Monthly gross income

\$ \_\_\_\_\_ Spouse's monthly gross income

\$ \_\_\_\_\_ Other income (child or spousal support, student grants)

\$ \_\_\_\_\_ Total family income in past year

2. Additional information concerning your financial situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must send a copy of your last tax return (or other statement of income if no tax return is available).

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need. All scholarships are awarded on a need-basis only.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_