



Summer Camp Scholarship Application

We are thankful to our camp sponsors, who have generously donated funds toward our scholarship program for 2020. Scholarships cover 100 percent of camp fees on a first come, first served basis.

Please note that because funds are limited and demand for camp is high, qualifying for a scholarship does not guarantee a scholarship award. In addition, qualifying for a scholarship does not guarantee a spot in summer camp.

The scholarship program allows one scholarship per child per summer. However, if a family has more than one child, the parent or guardian may submit a separate application for each child in the household. Parents or guardians are responsible to provide transportation for their child each day of camp as well as a lunch brought from home. **Parents or guardians are highly encouraged to provide required materials for each day of camp, including a full lunch, sunscreen, bug spray, a water bottle, and a clean face mask.**

Please print clearly

Child's Name: _____ Gender: M F

Home address: _____

City: _____ State: _____ Zip: _____

Age/Date of birth: _____ Entering Grade (in fall): _____

School _____

Parent/Guardian Information

Parent/Guardian name: _____

Relationship to child: _____ Email Address: _____

Home Address (if different from above): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Household size (include parents/guardians & children): _____

Financial Information:

If your child attends traditional schools, does your child receive:

_____ Free lunch and Reduced lunch _____ No assistance

I give Fontenelle Forest permission to contact my child's school to verify participation in the Free or Reduced Lunch Program _____ Yes _____ No

Signature: _____

My child does not attend traditional schools, but I am willing to work with the organization to describe my family's need for this scholarship. _____ Yes _____ No

Camp Session Requested (please note that some camps may already be filled)

Name and Date of First Choice - _____

Name and Date of Second Choice- _____

Name and Date of Third Choice- _____

I hereby certify that all of the above information is true and correct. In addition, I understand that Fontenelle Forest may verify the information on this application form.

Parent/ Guardian Signature: _____

Date: _____

Please return this form to:

Heidi Seals
c/o Fontenelle Forest
1111 Bellevue Blvd North
Bellevue, NE 68005

If you have questions, reach out to HSeals@fontenelleforest.org or call 402-731-3140 x1011. Thank you.