EMBDEN RECREATION SCHOLARSHIP APPLICATION

Applicant's Name:	
Parents' Name(s):	
Mailing Address:	
Physical Address (If different):	
	EMBDEN, MAINE 04958
Phone Number:	

Name of camp:	
Dates of camp:	
Location of camp:	
Price of camp:	
Type of camp:	

Please write a brief paragraph explaining why you want to attend this camp (To be filled out by applicant):

For Office use only	Application Approved:	☐ Yes ☐ No
Date Rcv'd:	Amount of Scholarship Awarded:	**$**

Authorizing Signature: _____