

## Gilcrease Museum Summer Camp 2019 Scholarship Application

Please complete the form below. Scholarships are based on financial need. All requested information will remain confidential. **Participants are eligible to apply for a scholarship for one session only.**

DATE \_\_\_\_\_

1<sup>st</sup> Choice Session \_\_\_\_\_ 2<sup>nd</sup> Choice Session \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Student Name / Student Age

\_\_\_\_\_  
Name of Parent(s) or Primary Adult Caregiver(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_/\_\_\_\_\_  
Email address / Phone

Monthly income \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Share how you and/or the child believe this camp session will benefit the child.

Please briefly describe the need for a scholarship for summer camp.