

# Wonderland Camp - Scholarship Application

Financial assistance of up to **\$100.00** per camper will be awarded to cover any remaining balances in the same camping year of application. You will be contacted after March 1<sup>st</sup> regarding approval or denial of your financial assistance request. **Send to [info@wonderlandcamp.org](mailto:info@wonderlandcamp.org) for consideration.**

## ***Applicant Information:***

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever attended Wonderland Camp before? \_\_\_\_\_ If YES, when? \_\_\_\_\_

## ***Parent or Guardian Information:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Please list all other organizations/places you have contacted to ask for any financial assistance to attend Wonderland Camp (i.e. Case Manager, County Board for Developmental Disability Resources, Rotary Clubs, Jaycee Chapters, Kiwanis Clubs, Local Churches, Lions Clubs, Optimist Clubs, etc.):***

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*Briefly explain why you need to request financial assistance to attend Wonderland Camp (details help):*

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**Applicant, Parent or Guardian Signature**

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**Date of Application**