

SCHOLARSHIP APPLICATION

Camper/Student Information:

(First)

(Last)

(Age)

(School)

Parent/Guardian Information:

(First)

(Last)

(Address)

(City, State, Zip)

(Phone)

(Email)

Reason For Scholarship Request:

Student qualifies for free or reduced lunch at their school

Economic hardship due to parent job loss

Other (please describe): _____

Scholarship Request Amount:

100%

75%

50%

25%

Name of Camp/Program:

Date of Program:

*Application process may take up to three business days. At which time you will be notified via email or phone of your child's scholarship award amount. Please send scholarship application by mail to: YWCA Great Lakes Bay Region, 1104 Washington Ave. Bay City, MI 48708 or fax to 989-894-9056 or email to neenahogle@ywcaglbr.org.