

Scholarship Application  
UW-Parkside Youth Summer Camps

General Information	Camp Selection
<ul style="list-style-type: none"> <li>• Partial scholarships will be determined based on:               <ul style="list-style-type: none"> <li>○ Your family economic situation</li> <li>○ Availability of funds</li> </ul> </li> <li>• Applicants will be notified of decision within 2 weeks of receipt of the scholarship form</li> <li>• Please keep a copy of this form for your own records</li> <li>• Applications must be submitted no later than <b>Monday, June 11, 2018</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lego Robotics</li> <li><input type="checkbox"/> Make Your First 3D Video Game</li> <li><input type="checkbox"/> Roblox Makers</li> <li><input type="checkbox"/> Code Breaker</li> <li><input type="checkbox"/> Minecraft Modders</li> <li><input type="checkbox"/> Environmental Explorers</li> <li><input type="checkbox"/> Youth Mindfulness</li> </ul>

Please fill out one application per child. Indicate above the camp or camps you are requesting scholarships for.

Email completed application to [continuing.ed@uwp.edu](mailto:continuing.ed@uwp.edu) or mail to:

UW-Parkside  
Continuing Education  
900 Wood Road  
Kenosha, WI 53144

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

Parent/Guardian Name: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Phone Number and Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Number of people in household: \_\_\_\_\_ 2017 Gross household income: \$ \_\_\_\_\_

What amount can you reasonably contribute to registration fees? \_\_\_\_\_

Please describe your family's financial/economic situation and the reason for your application.

\_\_\_\_\_

\_\_\_\_\_

Additional information to be consider when your scholarship request is being reviewed.

\_\_\_\_\_

\_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Date Received: \_\_\_\_\_ Award: \$ \_\_\_\_\_ Date Notified: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature/Print/Date