



2019 Summer Kids Camp Scholarship Application

<input type="checkbox"/> Aerial Silks	<input type="checkbox"/> Archaeology	<input type="checkbox"/> Art
<input type="checkbox"/> Bead-tastic Jewelry	<input type="checkbox"/> Bug	<input type="checkbox"/> Cooking or Baking Blitz
<input type="checkbox"/> Crime Scene Detective	<input type="checkbox"/> Dance	<input type="checkbox"/> Dinosaur
<input type="checkbox"/> Geology	<input type="checkbox"/> Golf	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Japanese	<input type="checkbox"/> Junior Author
<input type="checkbox"/> Junior Broadcaster	<input type="checkbox"/> Junior Engineer	<input type="checkbox"/> Junior Firefighter
<input type="checkbox"/> Junior Gardener	<input type="checkbox"/> Junior Veterinarian	<input type="checkbox"/> Law & Order Fairbanks
<input type="checkbox"/> Money	<input type="checkbox"/> Photography	<input type="checkbox"/> Photography
<input type="checkbox"/> Pottery	<input type="checkbox"/> Puppet	<input type="checkbox"/> Rock Climbing

First, register your child for the desired camp in CampDoc (<http://app.campdoc.com/register/uaf>). Families are responsible for the \$25.00 deposit, which is non-refundable and is paid in CampDoc at the time of registration. Scholarships cover the remainder of the camp fee to a maximum of \$205. In addition to this completed application, **include a handwritten statement from the camper explaining their reason for choosing this camp.** Eligibility is determined by qualification for the Federal Free & Reduced Lunch program. Email the completed application and required documents to summer@alaska.edu; mail to PO Box 757540, Fairbanks, AK, 99775; or deliver to Eielson Building Room 216 on the UAF campus.

Camper Name: _____

Home address: _____

Parent/Guardian: _____ Parent/Guardian: _____

Day phone: _____ Day phone: _____

E-mail address: _____ Email address: _____

Cell phone: _____ Cell phone: _____

Emergency Contact: _____ Emergency Contact: _____

Cell phone: _____ Cell phone: _____

Qualifying Information

School now attending: _____ Grade in Fall 2019: _____

Does your child receive Free & Reduced Lunch? Yes _____ No _____

Attach acceptance notification or secure school official's signature to verify eligibility for Free & Reduced Lunch.

I have verified that the above named student qualifies for the Free & Reduced Lunch program during the 2018-2019 school year.

School Official's Name

School Official's Signature

School Official's Title