2020 CAMP SCHOLARSHIP PROGRAM

Heal the Bay Aquarium Scholarship Fund provides camp opportunities for children who have financial need. Generous supporters within the community make these scholarships possible.

Application instructions:

- **Section 1**: Short essay to be completed by prospective camper.
- **Section 2**: To be completed in full by parent or legal guardian.
- **Section 3**: Let us know if you’re requesting individual days, or a whole week for your camper to attend.
- Applicants must attach a letter of recommendation from a non-parent adult over 18 years old.
- Please mail, email or fax completed application by December 30th, 2019 for Winter Camp or by March 30th, 2020 for Spring Break Camp, to:

  Heal the Bay Aquarium
  Camp Scholarship Fund
  1600 Ocean Front Walk
  Santa Monica, CA 90401
  
or email: twilson@healthebay.org
  or fax: 310-393-4839

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

SECTION 1 – To be completed by prospective camper

Why do you want to attend Camp at the Heal the Bay Aquarium this year?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Camper Signature: ___________________________  Date: ___________________________
SECTION 2 – To be completed in full by prospective camper’s parent or legal guardian

Camper’s Name: ____________________________________________________________

Camper’s Current Age and Grade: ____________________________________________

Camper’s Home Address: ____________________________________________________

Camper’s Home Phone #: ____________________________________________________

Parent’s / Legal Guardian’s Name: ____________________________________________

Parent’s / Legal Guardian’s Daytime Phone #: __________________________________

Please list any financial circumstances that you would like to have considered as a basis for recommending this applicant for a scholarship.

________________________________________________________________________

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________________________________________________________________________

I certify that the financial situation of the child nominated warrants that he/she be given the opportunity to attend Aquarium Science Camp free of charge.

Parent / Legal Guardian (please print) ________________________________________ Parent / Legal Guardian Signature __________________ Date ________________

Email address ____________________________________________________________

SECTION 3 – Circle the day(s) of camp or the full week that you’d like your child to attend

Winter Camp – Daily:  M  T  W  Th  F

Winter Camp – Full Week: January 6th – 10th

Spring Break Camp – Daily:  M  T  W  Th  F

Spring Break Camp – Full Week: April 6th – 10th