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 which week of camp you’re requesting 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 June 15th, 2020, 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: ___________________
2020 CAMP SCHOLARSHIP PROGRAM

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 circle which scholarship amount you are requesting:  

Full ($400) or Half ($200)

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

Week 1 – Sea “Stars” (K-5): June 22 - 26
Week 2 – Unique Adaptations (K-5): July 6 - 10
Week 3 – World of Sharks (K-5): July 13 - 17
Week 4 – Sea “Stars” (K-5): July 20 - 24
Week 5 – World of Sharks (5-8): July 27 - 31