2021 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 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 email completed application to twilson@healthebay.org or education@healthebay.org at least 1 week before desired virtual camp week to:

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

SECTION 1 – To be completed by prospective camper

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

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Camper Signature:  

Date:  

1
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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Parent / Legal Guardian (please print)  Parent / Legal Guardian Signature  Date

Email address

SECTION 3 – Circle the week that you’d like your child to attend:

Week 1 – (K-5): July 19 - 23

Week 2 – (K-5): July 26 - 30