

ADBC STUDENT SCHOLARSHIP FORM APPLICATION

Trip Name: Look-Up Lodge Trip Date: June 27 – July 2, 2021

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Parent Email Address: _____

Student Email Address: _____

Trip Cost: \$290 Deposit Required: \$99

Have you received scholarship assistance from us in the past? _____

If Yes, What Trip: _____ Amount Received? \$ _____

Please describe the circumstances surrounding your need for financial assistance:

Will a 50% scholarship meet your financial needs? If not, how much can you put towards this event?

Sign this application stating you have a true financial hardship that would prevent your child from attending camp without financial assistance.

Signature of Parent or Guardian (required)