



P.O. Box 192
 Newport, VA 24128
 www.mayapple.org
 (540) 818-6128

Summer Camp Scholarship Application

Camper or campers name(s):	
parent name(s):	
Parent contact information:	

Please complete the statement of need below and send to the above P.O. box or scan and e-mail to melissa@mayapple.org *in addition to the summer camp application form*. Partial or full scholarships will be awarded for no more than one session for each child.

My family is requesting financial need because: (include pertinent information like income levels, extenuating circumstances, number of children, etc.)	
The amount we feel able to contribute is:	

To my knowledge, the information included above is correct and no pertinent information is withheld.

Signed: _____

Dated: _____