

**FRIENDS OF TRYON CREEK STATE PARK
NATURE DAY CAMP SCHOLARSHIP APPLICATION**

Please submit:

1. This **application form**
2. A copy of your **2014 tax return**.
3. A **single page letter** that briefly describes the reason for your request for financial assistance and why you feel this program will benefit your child.

Each scholarship awarded will not exceed 50% of the general tuition amount.

Child's Name _____

Sex: M F Birth Date _____ Grade entering in fall _____

Camp session requested _____

PARENTS/GUARDIANS:

Name(s) _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

Number of children under 18 living at home: _____

Does anyone in the household receive child support, Social Security or other benefits?

Yes ___ No ___ If yes, how much per month? _____

Has the child attended Tryon Creek Day Camp before: Yes ___ No ___ When? _____

Has the applicant or a sibling received a Tryon Creek Nature Day Damp Scholarship in the past?

Yes ___ No ___ if yes, please indicate below:

Child's Name: _____ Year: _____ Scholarship Amount: _____

Signature of Parent/Guardian _____ Date: _____

**Mail to: Scholarship Committee
Friends of Tryon Creek State Park
P.O. Box 812
Lake Oswego, OR 97034**