



2019 VINS Nature Camp

Scholarship Application

The purpose of the VINS Nature Camp Scholarship program is to provide all interested youth an opportunity to attend camp, regardless of their family's financial circumstances.

Financial aid and scholarships are available for one week of camp per child awarded on a first come, first serve basis. **Scholarships are available for VINS day camps as well as overnight camps.**

Scholarship Levels:

Financial Aid: Families may request up to \$100.00 in financial aid for their camper(s).

Partial Scholarship: Families needing more than \$100.00 in financial assistance may indicate the amount they are able to afford for their child's week of camp and request a partial scholarship to cover the remaining portion of the camp fee. These partial scholarships are available with an Agency Referral (i.e. school counselors or community or social service agencies).

Full Scholarship: Full scholarships are available on a limited basis with an Agency Referral (i.e. school counselors or community or social service agencies).

This scholarship application must be submitted with the 2019 VINS Nature Camp Health and Emergency Care Form or 2019 VINS Overnight Camp Health and Emergency Care Form.

Send forms to:
VINS Nature Camp
PO Box 1281
Quechee, VT 05059

If you are requesting financial aid or a partial scholarship, you must include your portion of the camp fee with this application. We are unable to reserve your child's spot in a camp until we've received payment. In the event that scholarship funds are no longer available, you will be refunded ALL payments made.

The information provided in the scholarship application is handled with strict confidentiality. Notification of scholarship awards will be made no more than 30 days after receipt of this application.

2019 VINS Nature Camp

Scholarship Application

Camper's Name: _____ Camper's Grade Fall 2019: _____

Camper's Date of Birth: _____ Camper's Gender: M F

Name of Camper's School: _____

Parent/Guardian Name(s): _____

Street Address: _____

Town/State/Zip: _____

Home phone: (____) _____ Work Phone: (____) _____

Mobile Phone 1: (____) _____ Mobile Phone 2: (____) _____

E-mail 1: _____ E-mail 2: _____

PLEASE NOTE: All registration communications are electronic.

How did you hear about VINS Nature Camp?

Previously Attended Friend/Family Newspaper VINS e-Communication
Facebook School Web Search
VINS Website Other (Please describe) _____

The following questions will not affect your application. By filling them out, you help VINS raise funds to support future scholarship programs.

Number of Household Members: _____

Number of children attending VINS Camp in 2019: _____

Have any children in your household attended VINS Nature Camp in previous years? Y N

Does your child currently receive free or reduced price school meals? Y N

Why are you choosing to send your child(ren) to VINS Nature Camp?

Please indicate reason for scholarship or financial aid request:

- Fixed or limited income
- Job loss or change in job status
- Change in family structure
- Illness or injury in family
- Other: _____

Camp Details:

Name of camp you are registering for: _____

Camp Dates: _____ Camp Location: _____

A. Camp Fee: \$ _____

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B. Amount of Scholarship Request: \$ _____
(If you are requesting a partial or full scholarship then you must fill out the agency referral form.)

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C. Amount owed today (A minus B): \$ _____

Payment Method:

MasterCard _____ Visa _____ Check Enclosed _____

Card # _____ Exp. date _____

Name on Card _____

Signature _____

Please make check payable to
"Vermont Institute of Natural Science"
Please send forms and payment to:
VINS Nature Camps
Vermont Institute of Natural Science
P.O. Box 1281
Quechee, VT 05059
Fax number: 802.359.5001

I certify that the above information is true and correct. I understand that this information is being given for the receipt of scholarship funds only and that this application will be handled with strict confidentiality.

Parent or Guardian Signature

_____/_____/_____
Date

Printed Name of Parent or Guardian

Agency Referral information (required for Partial and Full Scholarships)

Signature of Agent/Printed Name

Position Title

Agency Mailing Address

Agency Phone Contact

Agency E-mail Address