



Youth Programs Scholarship Application

Contact Information:	
Date	
Parent/Guardian Name	
Street Address	
City, State, Zip code	
Home Phone number	
Cell Phone number	
E-Mail Address	
Youth Participant Name	Birthdate

Select Program Type:

_____ Spring Break Camp

_____ Summer Camp/Specify Session

_____ Parent/Child Class

_____ School's Out Day Camp/Specify Session _____ Other

Request for Funding:

Please attach a photocopy of a current verification of enrollment in Free/Reduced School Lunch program. This verification will be valid for one calendar year for scholarship consideration at The Gardens on Spring Creek.

Please submit one application per child. Maximum per year, per child scholarship is \$270. Funding is limited. Scholarship requests will be processed based on the order they are received. Parent/guardian will be notified in writing by Youth Program Coordinator of scholarship award.

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (please print)	
Signature	
Date	

Please return this application form to:

Gardens on Spring Creek Youth Programs 2145 Centre Avenue Fort Collins, Colorado 80526