

Galena Youth Adventure Camp Scholarship Application

This form is to be filled out by those individuals in need of financial assistance for camp.

Please fill out this form in its entirety and email to info@galenalodge.com or mail to Galena Lodge HC 64 Box 8326 Ketchum ID 83340

Criteria: All applicants must be full time residents of Blaine County, Idaho. Scholarships are based on financial need. Galena Lodge requires that your portion of payment is due prior to the week you child is enrolled in camp.

Child's Name: _____

Parent(s)/Guardians(s): _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name of School: _____ Grade: _____

School Reference for applicant (teacher, counselor, coach): _____

Contact Information for reference (phone, email, etc): _____

Scholarship requested \$ _____ Parent Contribution \$ _____

Date you wish to sign up for camp: _____

Mandatory question for applicant to answer:

Explain why you believe your child(ren) should receive a camp scholarship. Include financial, family and medical information or other facts relevant to your situation. (all information is confidential)

I hereby attest that the above information is an accurate representation of my current financial situation and that I authorize Galena Lodge to verify the above included information.

Parent/Guardian's Name (print): _____

Signature: _____ Date: _____