

**Wings on Words
Scholarship Application**

This application is for: (Circle one) Camp Academic Year

To apply for a scholarship, please fill out this form and return to WOW along with the verification of income requested in # 8 below and the application form.

1. Date: _____
2. Name of Child: _____ Date of Birth: _____
3. Name of Parents: _____
4. Address: _____
5. City: _____ State: _____ Zip: _____
6. Phone (home) _____ Work: _____ Cell: _____
7. Number of children in family: _____
8. Monthly Income for both parents: _____ (Please attach last page of tax return for the preceding year or two monthly pay stubs to verify income).
9. Extenuating Circumstances:

By signing this application, I verify that all financial information regarding employment of BOTH parents/guardians is accurate and current. I also understand that any misinformation will result in the repayment of any scholarship granted.

Signature of Parents: _____ Date: _____

For Office Use Only

____ Scholarship Awarded ____ Scholarship not available

Amount of Scholarship:

	%	Scholarship	Parents
Tuition	_____	_____	_____
Registration	_____	_____	_____