



Request for Scholarship: Camp Dawes 2024

Please complete a separate form for each child requesting assistance.

Child's Name _____ Date of Birth _____ Grade _____

Address _____ City _____ Zip _____

Contact Name _____ Phone _____ Email _____

- ◆ All Camp Dawes sessions are \$150 for Arboretum members and \$188 non-members.

Camps run 9am-3pm, Monday through Wednesday.

Descriptions are at <https://dawesarb.org/camp-dawes-2024>

Check camp session(s) desired; if more than one, number in order of preference:

Ages 5 – 6

Little Sprouts (July 8-10)

Ages 6 – 8

Weird & Wacky Wildlife (June 10-12)

Garden STEM (June 17-19)

The Dawes School of Wizardry: Magical Creatures (June 24-26)

Buzz, Flutter, Crawl (July 22-24)

Ages 9 – 11

Imagine, Create, Play (June 17-19)

Wilderness Survival (July 8-10)

ArtVenture (July 15-17)

History Explorers (July 22-24)

Ages 12 – 14

Garden Design Challenge (June 10-12)

NSI: Nature Science Investigation (July 15-17)

- ◆ Does your family receive Medicaid benefits or food stamps? € YES € NO

- ◆ Does your family meet the income eligibility guidelines for the Free or Reduced School Lunch Program?

YES NO

This information should be available from your child's school guidance counselor or principal. Your response of "no" does not exclude you from receiving a scholarship. Please make sure to share a thorough explanation below for your wishes to receive scholarship funds.

- ◆ Explain why a scholarship to Camp Dawes will benefit your child/ward. Continue on second page, if necessary.

◆ Are there any specific circumstances that we should be aware of in considering your request?

Requests for financial assistance are considered on a rolling basis. Assistance will be awarded based on demonstrated need and on a “first-come, first-serve” with a maximum amount of \$100 per applicant until scholarship funds are depleted. Submitting an application for assistance is not a guarantee of financial aid. Recipients may be asked to write a short testimonial on their experience which may be used for promotional purposes.

Please note that submitting a request for financial assistance does not constitute registration for Camp Dawes. Any remaining balance is required to be paid at the time of registration. Questions may be directed to Karla Long, Director of Learning and Engagement; kjlong@dawesarb.org

I verify that all information provided is true and complete. I agree to provide additional documentation to verify financial information, if requested. I understand that falsifying information could jeopardize my eligibility for scholarship:

Parent/Guardian Signature _____ Date _____

Form(s) and accompanying paperwork may be emailed (Learning@dawesarb.org), dropped off, or mailed to:

The Dawes Arboretum (Attn: Camp Dawes)
7770 Jacksontown Rd.
Newark, OH 43056

