



Summer Camp Scholarship Form

Please mail, email or fax to:
Osprey Wilds
PO Box 530, Sandstone, MN 55072
Fax: 320-245-5272; Email: info@ospreywilds.org

We are able to offer limited number of need-based partial scholarship awards of up to 50%. **If you do not need a scholarship to attend, please do not apply. There are many children for whom this aid is critical.**

Complete this form and return to us as soon as possible. You will be notified within 2-3 weeks of receipt regarding a scholarship award. If you have any questions, please call us at 320-245-2648.

Parent's name: _____

Camper's name: _____

Address: _____ City: _____ MN: _____

Home phone: _____ Work phone: _____

E-Mail address: _____

Camper birth date: _____ ☐ Male ☐ Female

Which camp are you applying for? _____

How did you hear about this program ? _____

Have you attended a previous Osprey Wilds Camp? ☐ Yes ☐ No

If so, which camp and when? _____

Amount of scholarship requested? _____

QUESTIONS 1-3 ARE TO BE COMPLETED BY THE STUDENT

1. Why do you think it is important to learn about nature?
2. Describe a time outdoors that you remember as special:

3. Why do you want to come to Osprey Wilds, instead of someplace else, for your camp experience?

Parents:

Please attach a letter detailing why your son/daughter should receive a scholarship.

How many people are in your household (living at home)?

2 3 4 5 6 >6

What is your annual total household income?

< \$40,000 \$40,000-\$65,000 \$65,000-\$80,000 \$80,000-\$100,000 > \$100,000

Parent Permission

I, _____, acknowledge that my son/daughter is applying for an Osprey Wilds Summer Camp Scholarship. I have read the letter detailing the requirements of this scholarship and if chosen I will allow my son/daughter to participate in an Osprey Wilds Summer Camp.

(Parent or Guardian Signature)

(Date)