



Camp Imagination, Summer 2017
Del E. Webb Center for the Performing Arts

SCHOLARSHIP APPLICATION
(Application Deadline: May 5)

The goal of the Del. E. Webb Center for the Performing Arts is for each interested child in our community to have the opportunity to participate in Camp Imagination and experience the joy of music, dance, theatre, and visual arts.

SCHOLARSHIPS ARE BASED UPON NEED. We recognize the need some families may have for financial assistance. If you determine you would be unable to fully finance your child's tuition for camp but know your child is sincerely interested in attending Camp Imagination, please request full or partial scholarship support by completing and returning the application below.

All information you disclose is **strictly confidential** and will be viewed only by those on the scholarship selection committee. Deadline for application is May 5. **All scholarship applicants will be notified by May 12 as to whether or not they will receive scholarship support.** Funds are limited, and submission of an application does not guarantee that a scholarship will be granted. Thank you for your sincere interest in providing your child with the enriching experience of attending our summer arts program.

Family's last name: _____ Phone Number: _____

Address: _____

Children (from same family only) that you are interested in a scholarship for:	Session #
Child #1: Name: _____ Grade in Aug. 2017: _____	_____
Child #2: Name: _____ Grade in Aug. 2017: _____	_____
Child #3: Name: _____ Grade in Aug. 2017: _____	_____
Child #4: Name: _____ Grade in Aug. 2017: _____	_____

I can afford \$ _____ towards my child(ren)'s camp tuition. I am requesting \$ _____ to help offset the cost to attend camp.

To be completed by parents or guardian: *(all information below will be kept confidential, the information is requested so as to award scholarships based on need and will be used for no other purpose)*

Mother/guardian's name: _____

Employer: _____ **Gross monthly income \$** _____

Father/guardian's name: _____

Employer: _____ **Gross monthly income \$** _____

Please fill out second page

Please tell us how we can assist with financial support for your child/children's participation in Camp Imagination?

To be completed by the child(ren) applying for camp tuition: *I want to attend Camp Imagination because (at least 25 words; please attach one for each child listed)*

PLEASE RETURN THIS APPLICATION TO:

The Webb Center

2001 W Wickenburg Way, Suite 3 (2nd Floor UMB Bank Building)

Wickenburg, AZ 85390

928-684-6624

<p>Office Use Only: <i>Scholarship awarded</i> [<input type="checkbox"/>] <i>yes</i> [<input type="checkbox"/>] <i>no</i> <i>Amount Awarded</i> \$ _____</p> <p><i>Organization scholarship is from</i> _____</p> <p><i>Explanation:</i></p> <hr/> <hr/> <hr/>
