



NATURE CAMP

Scholarship Application

Child's Name: _____

Parents/Guardian's Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____ Cell Phone: _____

BACKGROUND INFORMATION

of Persons in Household: _____

of Children: _____ Ages: _____

Are children eligible for school lunch program: (circle) YES NO

of Adults in Household: _____ # Employed: _____

Household Annual Income: _____

STATEMENT OF NEED

(Please provide a brief and concise statement describing the household's need for scholarship support to enable this child's participation in Nature Camp.)

Signed: _____
(Parent or Guardian)

Complete, keep a copy and return original to:

Lassen Land and Trails Trust, PO Box 1461, Susanville, CA 96130 or email e-copy as pdf to info@lassenlandandtrailstrust.org.