



## Harbor Humane Summer Camp Scholarship Application Form

### Scholarship Application Process

- Complete the application and send it to [programs@harborhumane.org](mailto:programs@harborhumane.org).
- Complete one form per child.
- Applications must be submitted by April 30th. Scholarships are rolling submission, so it will be first-come, first-served until scholarships are all filled.
- Scholarship awards do not guarantee registration for camp. Admission will not be awarded to camps that are already full.
- If you have questions, contact Ashton VanKoevinger at [programs@harborhumane.org](mailto:programs@harborhumane.org).

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**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Has your child attended Harbor's Summer Camps before:** Y / N

**Are you looking for a full or partial scholarship:** Full / Partial

**If partial, how much are you able to pay towards the cost?:** \_\_\_\_\_

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**Camp Age Group:** (5 - 7) (8 - 10) (11 - 13)

**Which camp(s) is your child hoping to attend?:**

☐ Little Critters (5-7): June 10-14 (am)

☐ Animal Experience (8-10): July 22-26

☐ Puppy Pals (5-7): June 10-14 (pm)

☐ Art Camp (11-13): August 6-8

☐ Jr Volunteer (11-13): June 16-21

☐ Little Critters (8-10): August 12-16 (am)

☐ Art Camp (8-10): June 25-27

☐ Puppy Pals (8-10): August 12-16 (pm)

☐ Animal Experience (11-13): July 22-26

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**Why is your child interested in attending Summer Camp at Harbor? What do you hope they gain by attending?:**

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**Are there any disability or health related accommodations that your child will need while attending camp?**    Y / N

Please explain:

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**Please initial the following:**

1. I understand that it is at the discretion of Harbor Humane Society to determine what portion, if any, of the camp fee they are able to support. \_\_\_\_\_
2. My camper did not receive this scholarship in years past \_\_\_\_\_
3. I understand that this application needs to be received by April 30, 2024 in order to be considered. \_\_\_\_\_
4. I understand that I will be contacted by email by May 6, 2024 only if my application is approved. \_\_\_\_\_

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Child Signature

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Date

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Parent Signature

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Date

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**OFFICE USE ONLY**

Submission Date: \_\_\_\_\_

Approved: Y/N

Award Amount: \_\_\_\_\_