



Camp Scholarship

Email completed application and additional materials to
programs@steamboatcreates.org

Child's Name: _____

Age (as of camp start date): _____ Grade (they will be entering in the fall): _____

Desired Camp Name: _____

Date and Time: _____

Parent/Guardian's Name: _____

Phone Number: _____ Email: _____

Does your child qualify for free or reduced lunch? Yes No

Write a compelling statement describing your financial need: _____

Tell us why the chosen Creativity Camp will benefit your child: _____

*Please include the latest tax return to document financial need.