



**Pratt Nature Center**  
**Summer Camp 2016 Request for Campership**

Date of Request: \_\_\_\_\_

**Each family applying for a scholarship is asked to pay a minimum \$50 membership fee and volunteer during the year, if possible.** Pratt Nature Center is a nonprofit organization. We receive no town or state funding and are dependent on camp fees and contributions. Normal camp fee for Pratt Nature Center members for one week is \$253.00

**In addition to \$50 membership fee, I can contribute \$\_\_\_\_\_**

**Please include a brief description of your family's financial situation, including why you are requesting assistance from the Pratt Nature Center scholarship program, with this form.**

Name of Camper(s) and Ages(s) \_\_\_\_\_

Street Address \_\_\_\_\_ Child lives with both parents  Yes  No

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Relationship to child  Mother  Father Other \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_ Daytime phone \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship to child  Mother  Father Other \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_ Daytime phone \_\_\_\_\_

Please visit website ([www.prattcenter.org](http://www.prattcenter.org)) or brochure for session dates and group names.

I am requesting a scholarship for my child (ren) for the week of: \_\_\_\_\_

My child (ren) would be in group: \_\_\_\_\_

**Please return this form to the address below with:**

- One check payable to *Pratt Nature Center*
- A **brief** description of your family's financial situation, including why you are requesting assistance from the Pratt Nature Center scholarship program. (All information disclosed in this application, including the names of children attending camp on scholarship, will be kept in confidence)
- Volunteer form

**Refund and Session Change Policy**

Membership fee plus any partial payment will only be refunded if scholarship request can not be granted by the Pratt Nature Center. Once registered, there will be a \$15 processing fee to change sessions. There is a \$30 charge for all returned checks.

Parent/Guardian Signature \_\_\_\_\_