



Farm Camp Scholarship Application

Parent/Guardian name: _____ Date: _____

Email: _____ Phone: _____

Street mailing address: _____

City: _____ State: _____ Zip Code: _____

Camper 1

Name: _____ Date of Birth: _____ Gender: _____

Date of Camp applying for: 1st Choice: _____ 2nd Choice: _____

Camper 2

Name: _____ Date of Birth: _____ Gender: _____

Date of Camp applying for: 1st Choice: _____ 2nd Choice: _____

*If submitting an application for more than 2 children, please attach additional pages

Has your family participated in programs at Stratford before? _____

Briefly explain why you are applying for a scholarship:

Scholarships are available on a first come first serve basis. If you are not awarded a scholarship, do you wish to register your child at the full camp fee? Yes _____ No _____ Partial fee of \$ _____

For questions regarding this application please contact April Hoy, Farm Camp Director at
AprilHoy@stratfordecologicalcenter.org or (740) 363-2548

Stratford Ecological Center 3083 Liberty Rd. Delaware, Ohio 43061