COMMUNITY EDUCATION Summer Youth Camps 2017

Community Education anticipates having several partial scholarships for the 2017 Summer Youth Camps. We will award all the scholarships. Recipients will be selected based on demonstrable financial need.

	To apply for a scholar	ship, plea	ase fill out t	the following	information:
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1. Child's Name:

3. Item Number of Camp Course:

2. Age:

Amount Allocated:

4. Title of Camp Course:			
5. Parent Name:			
6. Parent Email:			
7. Parent Phone Number:			
To demonstrate financial need, please answer the following	g:		
Is your family currently receiving aid from the federal/national	school lunch program? Yes or No		
Essay Question:			
Please have the student write a 100 to 150 word statement of and what he/she hopes to learn from it. You may use the bardocument.			
Submission Options:			
• <u>Mail</u> :	Or drop off in person:		
Community Education Summer Youth Camps	Community Education.		
Edmonds Community College	Maltby Building, Room 105		
20000 68 th Ave W	7020 196 th St.		
Lynnwood WA 98036	Lynnwood WA 98036		
• Email: comed@email.edcc.edu	(Drop-off hours: $M - F$, $10 - 2:00$)		
PLEASE SUBMIT COMPLETED FORM BY 6/16/17. We will	Il notify all recipients via phone or email by 6/20/17.		
Community Education contact information: Phone: 425-6 Email: Mary.heffernan@email.edcc.edu Marianne.le	640-1243 egg@email.edcc.edu		
Internal use:			
Date Received:			
Approved/Not Approved:			