

CAMP SCHOLARSHIP APPLICATION

First Name

Middle Name

Last Name

Address

Address (Line 2)

City

State

ZIP Code

E-mail

Gender

Female

Male

Age

Select Camp

Why do you want to participate in a movement class or camp?

Does your family participate in Free & Reduced Lunch?

What % fee reduction do you request?

Please fill out this form - save to your computer - Email to janefranklindance@gmail.com. We will contact you with details regarding your scholarship