

Camp Stella Puella Bursary Application

Part 1: Contact Information

YOUR CONTACT INFORMATION

Applicant

Full Name _____

Permanent Address _____

Phone: Day (____ ____) _____ Evening (____) _____

E-mail _____ Age ____ Name of School _____

PARENT'S / GUARDIAN'S CONTACT INFORMATION

Contact 1: Parent or Guardian

Full Name _____

Permanent Address _____

Phone: Day (____) _____ Evening (____) _____

E-mail _____

Part 2: Finances

Estimate of Need

\$ _____ Total Program Cost

\$ _____ Amount I Can Personally Provide

\$ _____ Amount I Hope to Fundraise

\$ _____ Net Amount Needed from Stella Puella Scholarship Fund

I (We) declare that the information provided is true and complete.

Parent or Guardian's Signature _____ Date _____

You have the option of attaching a one-page explanation of your financial need, noting any circumstances that you would like the Stella Puella Camp team to consider.