



## Scholarship Application Shiloh Museum History Camp

Please fill out a separate application for each child if you have more than one child interested in History Camp.

Parent/Guardian's Name: \_\_\_\_\_

Student's Name and Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Briefly describe your family's need.

Does your child qualify for free/reduced lunch at school? Yes \_\_\_ No \_\_\_

Do you have a current membership at the Shiloh Museum of Ozark History? Yes \_\_\_ No \_\_\_

Which camp are you requesting to attend?

History Camp I, June 17-21 (ages 7-10) \_\_\_\_\_ History Camp II, July 8-12 (ages 11-14) \_\_\_\_\_

**For the student** – please write a short paragraph explaining why you would like to attend History Camp.

Return form in person or by mail to:

History Camp Registration, Shiloh Museum, 118 W. Johnson Ave., Springdale, AR 72764