

SUMMER ODYSSEY SCHOLARSHIP APPLICATION

(This application form and its contents are confidential. It is used to help us more effectively assess and meet the needs of families participating in our program. Thank you for your assistance.)

submit the non-refundable \$50 application fee. We will inform you of our scholarship decision	
Child's Name:	
Parents / Guardians Name:	
Why are you applying for a scholarship?	

TOTAL PROGRAM COST

The cost of the Summer Odyssey Camp is \$395 (\$35 non-refundable registration fee and \$360 tuition fee). The application fee of \$50 is required from families requesting scholarship consideration. If you need to discuss the terms of enrollment further, or have any questions, please contact us at 415-485-3255.

PARENTS / GUARDIANS EMPLOYMENT INFORMATION

	Parent A Name:		Occupation:		
MONTHLY INCOME INFORMATION A. Gross Earnings of Parent(s) Parent A: \$ Parent B: \$ Total: \$	Employer:		Date of Employ	ment:	
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