



# CAMP WIN 2010 | SCHOLARSHIP FORM

I Need a :  Full Scholarship  Partial Scholarship

Partial scholarships are available, please list the amount you are able to pay: \$ \_\_\_\_\_

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Day Phone: \_\_\_\_\_

Parent/Guardian Evening Phone: \_\_\_\_\_

For Which Session Are You Applying? :  June 7-10 (Jewish Community Center, girls 9-12)  
 June 21-24 (Rockhurst University, girls 6-8)

Parent/Guardians: Please explain why your child is in financial need of a scholarship.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Household income: \$ \_\_\_\_\_

By signing below, I agree to write a testimonial describing this child's experience at Camp WIN and submit it via fax or email to Ashley Broockerd, WIN for KC Assistant Director (contact info below).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return to Ashley Broockerd by May 14, 2010.**

email: [abroockerd@sportkc.org](mailto:abroockerd@sportkc.org) | Phone: 816.389.4191 | Fax: 816.474.7979 | [www.winforkc.org](http://www.winforkc.org)