



**2023 Summer Day Camp Scholarship Application:**

***Scholarship eligibility is determined by participation in Franklin County school districts Free/Reduced lunch program.***

**Covered by Scholarship/Owed by Participant:**

50% camp fee covered by scholarship/ 50% camp fee covered by participant

**Scholarship Application Terms and Guidelines:**

- 1) A copy of the letter proving participation in the Free/Reduced Lunch Program, CareSource, Ohio Directions Card, Medicaid Card, W.I.C. card or Molina card. must be provided at the time of application. Incomplete applications will not be considered.
- 2) A maximum of one week of camp may be awarded to each individual participant per calendar year.
- 3) Remaining payment by check or credit card must be made one month prior to camp in order for scholarship to apply.
- 4) All scholarships are subject to availability of funds and class space. The scholarships are awarded on a first-come, first-serve basis for eligible recipients.
- 5) Participant must attend the program for which they receive scholarship funds in order to be eligible.

**Important Note:** Completing a scholarship application does not guarantee a spot in a program for your child.

I, \_\_\_\_\_, certify that the enclosed information is correct.  
**(Print Name)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Parent/Guardian's Name**

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**Child's Name**

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**Child's Date of Birth**

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**Street Address/ Apt. #**

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**City/ State/ Zip Code**

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**Home Phone**

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**Cell Phone**

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**Email Address**

**List your preferred week of camp, list up to three options:**

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**Please Return to:**

Franklin Park Conservatory and Botanical Gardens

Attn: Casey Backus

1777 East Broad Street | Columbus, Ohio 43203

(P) 614.715.8030 | (F) 614.715.8195 | [www.fpconservatory.org](http://www.fpconservatory.org)

cbackus@fpconservatory.org

**For Staff Use Only:**

Date Received:

Authorizing Person:

Eligible Camp:

Approved: ↑ Yes ↓ No

Amt. Approved:

Date Confirmation Sent: