

### **UWSP Continuing Education Event Scholarships**

Youth First Name and Last Name:

Name of event you wish to attend:

Date of event you wish to attend:

If the event is a camp: ☐ Residential (staying in dorm) ☐ Commuter (not staying in dorm)

We are requesting a ☐ Partial scholarship ☐ Full scholarship (participant qualifies for Free and Reduced lunch.)

Do you agree to attend the entire program for the event? ☐ yes ☐ no

Do you agree to having a double occupancy room during camp? ☐ yes ☐ no

What do you hope to learn by attending this event? How will you use what you have learned to influence others?

#### **Internal Office Use Only:**

Date received: \_\_\_\_\_

Granted: \_\_\_\_\_ Part \_\_\_\_\_ Full FR

Notified: \_\_\_\_\_