

**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)

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?

**Internal Office Use Only:**

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

Granted: \_\_\_\_\_

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