



Specialized Needs Recreation 2021 Scholarship Application

Participant Name: _____

Guardian Name: _____

Payee Contact: Email: _____ Phone: _____

Have you filled out updated Program Registration Paperwork for the 2020-2021 year?
Yes / No

What scholarship are you applying for? (See Scholarship FAQ for application windows)

Camp All Stars (circle all the apply) Spring Break Summer Winter Break
Evening Group Life Group Dorothy Gallus Sports Scholarship

What percentage of scholarship are you applying for? (See Scholarship FAQ for percentage break down)
25% 50% 100%

Participant question: Why do you want to come to SNR? How would receiving a scholarship benefit you?

For Committee Use Only	
Received Date:	
Receiving Member Initials:	
Application Approved: Y/N	
Amount Approved:	
Funds Release Date:	

