

SCHOLARSHIP APPLICATION FOR WEKIVA YOUTH CAMP

NAME _____

PHONE _____ -EMAIL _____

CHILD'S
NAME _____

CHILD'S AGE _____ GRADE JUST COMPLETED _____

CHILD'S INTEREST IN THE WEKIVA YOUTH CAMP _____

REASON FOR SCHOLARSHIP

REQUEST _____

For more information: <http://www.wekivayouthcamp.org/> or call the Tampa Garden Club, 251-5059.
Return this form to the Tampa Garden Club, attn: president, 2629 Bayshore Blvd. Tampa, FL 33629.
tampagardenclub@gmail.com