

info@seaturtlecamp.com 910.686.4611

7213 Ogden Business Lane Suite 214 Wilmington, NC 28411

www.seaturtlecamp.com

Sea Turtle Camp Scholarship Application

All information provided will be held strictly confidential and will not be used for any other purpose.

Thank you for your interest. All financial aid applications will be reviewed on a first come, first serve basis. Please note that we are only able to offer partial scholarships. Sea Turtle Camp awards four total scholarships, up to 75% of camp tuition. The programs for which aid is available include Marine Biology Adventure, Marine Biology Immersion, and Carolina Ocean Odyssey.

In order to be considered, your completed application must be received in our office by February 1 and include the following:

- 1) Scholarship application form
- 2) Two teacher references
- 3) Copy of parent's/legal guardian's most recent 1040 form We need to see HOUSEHOLD income
- 4) Letter written by the student explaining why this would be a beneficial experience for them **Camper Information:**

First Name: Address:	Last Nar	me:		Date:
City:	State:	Zip:	Co	untry:
Day Phone#:_()		_ Email:		
Which program are you in	terested in attending:			
Carolina Ocean Ody	yssey Marin	e Bio Adventure	Ма	rine Bio Immersion
DOB:/ Age	: School Currently	y Enrolled In:		
Current Grade Level:	Science Teacher(s	s):		
Science courses taken: Other Sports/Clubs/Activit	ies you are involved wi	th:		
Conservation Projects you Have you been to any ma	rine science camps or	done any similar	opportunities?	
Do you get paid for part-ti				nuch?
Name of employer:		Type of	work:	
Are any siblings attending	or have attended one of	of our programs?	(Circle One)	Yes No
If yes, list names of partic	ipants:			

Camp Tuition:

Please keep in mind that our goal is to assist as many students as possible in obtaining a rewarding summer camp experience. We ask that all applicants ask only for the amount of aid that is truly needed. Camp tuition does not include airfare, so please factor in your travel expenses.

Percentage of the fultion you can affor	d:
Family Information:	
Parents Marital Status:	Total number of family members in household:
Mother/Father Name:	
First:	Last:
Relationship to camper:	
Address:	
	State: Zip:
Cell #: _()	Secondary Phone #: _()
Name of Current Employer:	
Number of years at current job:	Position:
Mother/Father Name:	
Relationship to camper:	_
First:	Last:
Address:	
City:	State: Zip:
Cell #: _()	Secondary Phone #:_()
Name of Current Employer:	
Number of years at current job:	Position:
there will be space in your preferred se deposit refund policy as outlined on ou not assume that aid will be offered aga	deposit or sent in an enrollment request, we cannot guarantee that ession. All deposits are non-refundable and are subject to the ar website. If you have previously received financial aid, please do ain. Tuition balances are due by April 1st. A monthly payment plannis deadline. If you have any questions please call 910.686.4611 or n.
Parent Signature:	Date:
Please Print Name:	
Camper Signature:	Date:
Please Print Name:	