



Dear applicant:

Thank you for your interest in seeking support from *Friends of Wabun*. We understand the unparalleled benefits for kids that travel in the wilderness provides. *Friends of Wabun* – a not-for-profit, American 501(c)(3) – was founded to support wilderness organizations committed to providing this opportunity, in part by increasing youth participation through camper scholarships.

Scholarships are offered to applicants (age 8-17) based on two criteria: (1) demonstrated financial need for support (evidenced by the submission of W-2 forms); (2) merit-based qualifications based on written submissions by applicant and parents/guardians. *Friends of Wabun* will accept applications from all of those in financial need regardless of race, creed, color, sex, age, national origin, disability, or sexual orientation.

The attached application should be completed and submitted to *Friends of Wabun* for consideration. Please note that we will not provide full scholarships for applicants; we believe it important for families to make an appropriate investment in these opportunities. The Scholarship Committee will make decisions on applications as they are received.

Again, thank you for your interest.

Sincerely,

Jason P. Lewis  
Executive Director



Friends of Wabun Application for Scholarship

Applicant/Camper Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

**PARENT/GUARDIAN 1**

Name \_\_\_\_\_

**PARENT/GUARDIAN 2**

Name \_\_\_\_\_

Home Address (if different from applicant)

\_\_\_\_\_  
\_\_\_\_\_

Home Address (if different from applicant)

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address

\_\_\_\_\_

Email Address

\_\_\_\_\_

Occupation

\_\_\_\_\_

Occupation

\_\_\_\_\_

Applicant's Current School: \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of organization where scholarship would be applied \_\_\_\_\_

Organization Address \_\_\_\_\_

Street

\_\_\_\_\_

City

State/Province

Country

Zip Code/Postal Code

Organization website \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Director of organization \_\_\_\_\_

Overview of organization \_\_\_\_\_

\_\_\_\_\_

Tuition for the program \$ \_\_\_\_\_ Amount of requested support \$ \_\_\_\_\_

Please include:

W2 for Parent/Guardian 1

W2 for Parent/Guardian 2

**Please return this application to:**

Mail to: Jason Lewis, Friends of Wabun, 291 Thornton Street, Hamden, CT 06517

Email to: jason@wabun.com



**PARENT/GUARDIAN:**

*Reason for seeking scholarship.*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**APPLICANT:**

*Why would you like to attend this camp?*

---

---

---

---

---

---

---

---

---

---

---

---

*How will you benefit from this experience?*

---

---

---

---

---

---

---

---

---

---

---

---