



Scholarship Form

Questions: Liz Irvine @ (585) 820 – 8960
SBTWParkminster@gmail.com

Please Return Complete Application to:
SBTW Parkminster Church
2710 Chili Ave
Rochester, NY 14624

Name of Potential Recipient (Camper): _____

Parent/ Guardian’s Name: _____

Phone Number: _____

Address: _____

Grade in FALL ‘08: _____ Age: _____

Date Requested: ____/____/____

There are two scholarship levels that reduce tuition to \$135 and \$90. Those will be given out by determination of the directors and SBTW Committee based on the level of need.

Reason for Request of Scholarship: _____

Briefly describe the importance of SB2W to you:

Are any adults in your family interested in volunteering for SB2W? _____

Applications for scholarships need to be submitted by June 1, 2008.

For Office Use only:

Date Received: ____/____/____

Amount Approved for: _____

Approved By: _____

Notes/Referrals: