

## SUMMER YOUTH PROGRAM SCHOLARSHIP REQUEST FORM

Everett Community College has scholarships, up to \$100 toward one class, available to families on a first-come, first-served basis. If the scholarship amount does not cover the full camp fee, parent/guardians will be responsible for the remaining cost at the time of registration.

Please fill out the following form (one scholarship awarded per child) and return it to [learn@everettcc.edu](mailto:learn@everettcc.edu) or mail/in person to 2333 Seaway Blvd., Everett WA 98203 **by June 1** for priority consideration.

### Parent or Legal Guardian Information

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Child's Information

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One scholarship may be awarded per child. Use a new form for any additional children.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Phone Number (required): \_\_\_\_\_

### Camp Information

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Up to \$100 may be applied toward one camp only.

Camp Item Number: \_\_\_\_\_ Camp Title: \_\_\_\_\_

Camp Start Date (MM/DD): \_\_\_\_\_ Camp Start Time: \_\_\_\_\_

### Camp Benefit

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How would this camp benefit your child? (100 words or less)

**Thank you! We look forward to seeing you this summer!**

We will respond within 3 business days of receiving your application with next steps in the registration process. Contact us at [learn@everettcc.edu](mailto:learn@everettcc.edu) or 425-267-0150 if you have any questions.

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information.