

V.E.A. Summer Enrichment Scholarship Application

Recipients will be notified in writing by June 6

Student's name _____

Current grade in school _____

School building attended this year (check one): _____

High School _____ Middle School _____ Sunset _____ Tobey _____ Indian Lake _____

Name(s) and address of parent(s) or guardian(s) where student lives:

Name(s): _____

Address: _____
(Street)

(City, State, Zip)

Phone number: (work) _____ (home) _____

Name of camp, class or activity student plans to attend:

Date(s) that student plans to attend, if known: _____
(not eligible if occurs while school is in session)

Name of school, business or organization sponsoring the activity:

Program registration fee/supplies: \$ _____
(maximum of \$75 awarded per student)

Student signature _____

Parent/Guardian signature _____

Please send to: Denise Parker
Vicksburg High School
301 E. Highway Street
Vicksburg MI 49097

Questions? 321-1215

Due to Mrs. Parker May 9, 2008 by 3:30

Reimbursement:

A check will be made out to the parent/guardian upon receipt of proof of payment (such as a copy of a check, confirmation of payment from the organization, or note from an instructor).