

**The Sense of Wonder**  
Pamela Stevens Benjamin  
PO Box 1558  
Vineyard Haven, MA 02568

## Application for Scholarship

Name of Child .....

Sex of Child M  F

Date ..... Age ..... Birthday .....

Parent's Names .....

Mailing Address .....

Summer Address .....

Email Address .....

Phone Number ..... Cell Number .....

Island Phone h: ..... w: .....

Which Sense of Wonder program is your child interested in attending?

Summer Camp  Art Classes  Workshops

Details (please write in the name and dates of the program that you are applying for):

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Please explain why your child wants to attend The Sense of Wonder day camp or art program:

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How much will you be able to contribute towards your child's tuition?

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Your Signature: .....

▶ Checks should be made payable to Sense of Wonder Creations.