

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

Application for Scholarship

Name of Child

Gender of Child _____

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 per week towards your child's tuition?

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Your Signature:

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