

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

Scholarship Application and Tuition Agreement

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):

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

I agree to pay _____ dollars per week.

Your Signature: _____

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