



SCHOLARSHIP APPLICATION for Summer 2024 Camps/Intensive

1st Student's Full Name _____ Age _____ Phone _____

2nd Student's Full Name (if applicable) _____ Age _____ Phone _____

3rd Student's Full Name (if applicable) _____ Age _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian 1's Name _____ Phone _____

Parent/Guardian 1's Employer _____ Employer phone _____

Parent/Guardian 1's Email Address _____

Parent/Guardian 2's Name _____ Phone _____

Parent/Guardian 2's Employer _____ Employer phone _____

Parent/Guardian 2's Email Address _____

of children in family _____ # of children participating in TMTO _____

First experience with TMTO? Yes _____ No _____

Gross monthly income _____ Monthly expenses _____

Amt of scholarship requested from TMTO (based on total owed) = _____

Please explain why you feel a scholarship should be awarded to you/your family:

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____

I am providing a letter of recommendation from: *(optional)* _____

PLEASE SUBMIT COMPLETED APPLICATION TO tmto@craterian.org