



# SCHOLARSHIP APPLICATION for Summer 2024 Camps/Intensive

1<sup>st</sup> Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Student's Full Name (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

3<sup>rd</sup> 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](mailto:tmto@craterian.org)**