

The Maxwellton and Lachlan Foundation
Scholarship Application for Camps Maxwellton and Lachlan
Summer 2012

Thank you for your interest in applying for a scholarship for Camp Maxwellton or Lachlan. This application will allow the selection committee to become better acquainted with the applicant's needs and how the applicant will benefit from attending Camp. Applications must be received no later than one week before the beginning of the camp requested. Please return applications to maxwelton.lachlan@gmail.com or The Maxwellton and Lachlan Foundation, PO Box 2201, Charlottesville, VA 22902.

Name of Applicant: _____

Name of Parent or Guardian: _____

Address: _____

Phone Number: _____ **Age:** _____ **Grade:** _____

Name of School Applicant Attends: _____

Camp Session (Maxwelton or Lachlan): _____

Requested Scholarship Amount: _____

Please comment on the specific ways that you believe this applicant will benefit from having the opportunity to take part in summer camp at Maxwellton or Lachlan.

Please describe or list all financial circumstances that you would like to have considered for this scholarship.

Please describe additional explanations or circumstances you would like the committee to consider when reviewing this application.