

Level of Assistance Requested

We believe that each individual who requests a "scholarship" should also make some personal investment in order to attend *WAVE WEEK*. We ask that you raise (from your school, house of worship, service group, parent's company, local organization/business, etc.) or pay a minimum of \$40.00 towards the cost of the camp. We know this can be a pain, but very much appreciate your efforts to find some amount of "outside" money in order to attend, as *STW* is a small non-profit organization with limited resources. If you need help, please contact us for tips on how to raise that money or go to our website and download our Fundraising Guide at www.sparkthewave.org.

Please check one of the following two boxes.

- I am requesting full scholarship assistance.** I have enclosed a check for \$40.00.

- I am requesting partial scholarship assistance.** I am not able to meet the entire tuition cost of Wave Week. I am able to pay \$ _____ [please fill in the amount you can pay or have found in the form of a scholarship(s) from an outside group] of the tuition. I am requesting funds to cover the difference. Please enclose a check for the amount you will be able to pay along with this form.

Please Note: Make checks payable to **SPARK THE WAVE**. (There will be a \$75.00 non-refundable, processing fee if the applicant withdraws on or before June 10th, 2010. Refunds are not possible if the applicant withdraws after June 10th, 2010.)"

We at *SPARK THE WAVE* pride ourselves on having every person who is accepted join us regardless of a their ability to pay.

We will do everything in our power to ensure you are with us this summer!

Certification of Information

I, the undersigned, affirm the information given in this application is true and correct to the best of my knowledge. I understand that if this information is found to be untrue, that I will be removed from the scholarship application process and from participation in *WAVE WEEK*.

Applicant Name: _____

Signature: _____

Date: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

Please return this form along with your WW Application to:

SPARK THE WAVE
P.O. Box 41807
Philadelphia, PA 19101
surfsup@sparkthewave.org