

URBANBIKEPROJECT of Wilmington, Inc.

Urban Bike Project Summer Camp Scholarship Application

Select which summer camp(s) you are registering your child for:

GirlCYCLE Summer Camp (June 24-28) Advanced Bike Camp (July 15-19) Build-A-Bike Summer Camp (August 5-9)

| Name of Camper: | | | |
|--|--------------------------------------|------------------|---------------|
| Name of Parent/Guardian: | | | |
| Please list your household income: \$ | # of children under 18 in your home: | | |
| Does your child qualify for Free/Reduced lunch (check one)? | Yes | No | |
| Are there any other factors impacting your household's finance | es that you | would like to sl | nare with us? |
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| | | | |
| How much can you pay for each camp (minimum \$10)? | | | |
| Please include cash or check payment. Checks can be made our | t to Urban E | Bike Project. | |
| | | | |
| Parent/Guardian Signature: | | | Date: |