

Youth Scholarship Application

Return to: Front Desk
740 University Avenue,
Rochester NY 14607
Phone: (585) 473-2590 ext.107
Email office@wab.org
Fax: (585) 442-9333
Web: wab.org

Today's date: _____

YES! We do offer full and partial needs-based scholarships based on availability. This form must be filled out in its entirety. *Please do not apply if you can afford to send your child to camp without financial assistance. Note: most of our full scholarship families have an annual household income of \$25,000 or below.* If a child is granted a scholarship and doesn't come to their class, they will lose their eligibility for future scholarships.

Student Information

Name:	
Date of Birth:	Grade:
School:	

I am applying for a:

- full scholarship
- partial scholarship and am able to pay \$_____

Check here if you are applying for a Claire Allen scholarship (for teen girls living in Livingston County):

Parent/Guardian Information

Name:	
Address:	
City:	Phone number:
Zip code:	Email:

What is your household yearly income?

- Under \$25,000
- \$25,000-\$50,000
- \$50,000-\$75,000
- \$75,000 and up

How many people live in your household?

Please provide a brief statement about what you hope your child will get out of the experience.

Has your child taken workshops with Writers & Books before or been recommended by a teacher from a school, or recreation program? If so, please be specific about who recommended them and why.

You may have reasons other than low household income that make full payment difficult. If you have added reasons for requesting assistance, please write them below or on the back if you need more space:

Workshops Requested

Workshop Title	Workshop Code	Week #	AM/PM/All day	Price