

Summers @ Mizzou Scholarship Request

County	Name of Camp	Date	
Name			
Home Address	City	State	Zip
Phone (include area code)	E-Mail		
Birth Date	Age		
Parents/Guardians business phone			
Number in Family			
How will Summers @ Mizzou Camp help you?			
Please describe your financial need.			

Return this scholarship request form with your Summers @ Mizzou registration.