

**BARRON EDUCATION FOUNDATION**  
**Application for Camps, Clinics or Conferences**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_

TITLE OF ACTIVITY: \_\_\_\_\_

\_\_\_\_\_ LEADERSHIP      \_\_\_\_\_ BUSINESS      \_\_\_\_\_ ACADEMIC

\_\_\_\_\_ MUSIC/ART      \_\_\_\_\_ OTHER(explain)

\_\_\_\_\_

\_\_\_\_\_

DATE(s) OF ACTIVITY \_\_\_\_\_

LOCATION OF ACTIVITY \_\_\_\_\_

PLEASE EXPLAIN HOW THIS ACTIVITY WILL BENEFIT YOUR EDUCATIONAL EXPERIENCE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A COPY OF THE CAMP/CLINIC BROCHURE TO THIS APPLICATION.**

Are there other groups you are applying to for financial support (i.e. Music, Kiwanis, etc.)?

\_\_\_\_\_

Return this application to Student Services. It will be forwarded to the Barron Area Education Foundation. This application must be submitted prior to the activity for approval.

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**FOR OFFICE USE ONLY:**

Attendance (days absent from previous school year): \_\_\_\_\_

Financial Need? \_\_\_\_\_ (additional Felber Funds may be available)

GPA (if applicable): \_\_\_\_\_