

BARRON EDUCATION FOUNDATION
Application for Camps, Clinics or Conferences

NAME: _____ DATE: _____

ADDRESS: _____

PHONE #: _____ LAST GRADE COMPLETED _____

TITLE OF ACTIVITY: _____

ATHLETIC

LEADERSHIP

BUSINESS

MUSIC

ACADEMIC

OTHER(explain)

Date(s) of Activity _____

Please explain this activity in detail:

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. Lions, Kiwanis, etc.)?

Funds will be contingent upon availability. Return this application to your guidance office. They will forward it on to the Barron Area Education Foundation.

FOR OFFICE USE ONLY:

Attendance (days absent from previous school year): _____

GPA (if applicable): _____