

BARRON EDUCATION FOUNDATION  
Application for Camps, Clinics or Conferences

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

PARENT'S NAME:

\_\_\_\_\_

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

PHONE#: \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_

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

\_\_\_ LEADERSHIP \_\_\_ BUSINESS \_\_\_ MUSIC \_\_\_ ACADEMIC \_\_\_ 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. Lions, Kiwanis, etc.)?

Funds will be contingent upon availability. Return this application to your Student Services office. It will be forwarded to the Barron Area Education Foundation. This must be submitted prior to the activity for approval.

**STUDENT SERVICES OFFICE COMPLETES THIS PORTION:**

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

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