



Vermillion Public Schools
FOUNDATION

Edith Siegrist Scholarship Fund
2024 Summer Camp Application
for Vermillion Middle School Students

Applicant Name: _____

Address: _____

City, State, Zip: _____

Home Telephone _____ Cell Number _____

Grade Level in Fall 2024 _____

Summer Camp that you are applying to (select one):

Select	USD Summer Camps	Camp Dates	Application Deadline	Camper's Contribution
	USD Music Camp (commuter w/meals)	July 14-19, 2024	May 15, 2024	\$50
	Lawrence Bros Science Camp at USD	June 23-26, 2024	May 15, 2024	\$50

Parents/Guardian Information:

Parent/Guardian Name _____

Address (if different from student's) _____

City, State, Zip _____

Home Telephone (____) _____ Email: _____

Has Student attended one of the above camps before? Yes _____ No _____

- Which camp(s)? _____
- Did Student receive a Siegrist Summer Camp scholarship last year? Yes _____ No _____
- Is the Student attending any other summer camps this year? Yes _____ No _____
- Is there any other information regarding this application that you want the Board to know? _____

Why do you want this Scholarship? Please write on the back of this form, or on a separate sheet of paper with your name at the top.

Please be aware that your student's name and picture may be published in the newspaper or online regarding this scholarship.

Parent/Guardian Signature _____ Date _____

Please return this form to Principal Tom O'Boyle by the due date listed above.