

APPLICATION FOR DAY CAMP SCHOLARSHIP  
DUE DATE MAY 1<sup>ST</sup>

Please Type or Print

**Camper's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Why does the camper want to attend Young's Day Camp?** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**What is the camper's need for the scholarship?** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Mail completed form to: Young's Jersey Dairy  
6880 Springfield-Xenia Road  
Yellow Springs, OH 45387