



Children's Peace Garden
Scholarship Application

Child's Name: _____

Parent's Name: _____

Phone Numbers (day): _____ (eve): _____

Address: _____ City _____ Zip _____

Email: _____

Peace Garden Program Requested: _____ Dates: _____

Tuition Due: _____ Amount You Can Pay: _____

Total Scholarship Request: _____

1. Are you currently receiving any government assistance?
2. How many members are in your family?
3. What is your family's combined annual income?
4. Please tell us why your family should be awarded a scholarship and how your child may benefit from his or her Children's Peace Garden summer camp experience.

Please send this completed application with your registration form to:

Growing Gardens
Children's Peace Garden
1630 Hawthorn
Boulder, CO 80304
Phone: 303-440-8409

Email: annie@growinggardens.org

Website: www.growinggardens.org