# Friends_HHF_logo_hi_res.jpg

# 2020 Frank White Memorial Scholarship Application

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| Family Information (Please Print Clearly) | |
| Name & Age(s) of Camper(s) | Age |
| Parent / Guardian name(s) (Print Legibly) | / |
| Parent / Guardian E-mail (Print Legibly) |  |
| Parent / Guardian E-Mail (Print Legibly) |  |
| Street Address |  |
| City, State, Zip Code |  |
| Parent / Guardian Phone: Home/Cell/Work | H: C: W: |
| Parent / Guardian Signature |  |

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| --- | --- | --- |
| Camp program your child would like to attend | | |
| Program Name & Date | One $75 annual family membership  is requested | Indicate attendance for Lunch Hour |
| 1. |  |  |
| 2. |  |  |
|  |  |  |
| How much financial support are you requesting? Please explain. | | |
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| **Mail or Drop Off the Application to:** *Friends of Holly Hill Farm,* 236 Jerusalem Rd., Cohasset, MA 02025. **Or Email application to:** [friendsofhollyhillfarm@gmail.com](mailto:friendsofhollyhillfarm@gmail.com) | | |