



2019 Scholarship Application

Name of Child _____ Date of Birth _____

Contact information: _____

Name of School and Grade: _____

Application for:

____ July 8-12 Full week

____ July 16-20 Full week

If there are no more openings for full week, would you like to attend a one-day session? _____

Please list your top 3 choices: Day and which week

1 _____

2 _____

3 _____

To be completed by child:

Please tell us why you want to attend the Hands on History Camp. Use the back if you need more space.

To be completed by parent:

Attending the camp without a scholarship would be a financial hardship for our family.

Parent's Signature

Date

Please mail this form to: Hands On History, NLHS, PO Box 965, New London, NH 03257 by May 20, 2019.
We will notify you during the first week of June.