



The Friends of Boyd Hill Nature Preserve are pleased to offer Summer Camp scholarships for students of low income families. We love Boyd Hill and want to inspire a new generation of environmental stewards with an appreciation for wild places. Please recommend children who would enjoy and benefit from hands-on activities with nature.

Scholarships are available for the following camps:

- Young Naturalist – Ages 5 - 6
- Nature Adventure Camp - Ages 7 – 13
- Raptor Camp – Ages 8-12

In order to be eligible for a scholarship, the nominee must meet the following criteria:

- Entering grades K - 8
- Qualify for the free or reduced lunch program
- Have a current ADVANTAGE membership (FREE)

To nominate a child, please complete the following steps:

- Nominator and the student complete the nomination form.
- Parent or Guardian completes the camp application form. Please choose a camp according to child's age.
- The Nominator should return the nomination form, camp application form and Waiver to:

Camp Scholarship Committee
c/o Boyd Hill Nature Preserve
1101 Country Club Way S
St Petersburg, FL 33705

Nomination Forms and camp applications are due by **March 30, 2018**.

The parent/guardian will be notified of scholarship awards by April 12, 2018.

These scholarships are made possible by the Friends of Boyd Hill Nature Preserve, Inc. through generous contributions from local businesses, organizations, and private donors. Donations for the camp scholarships are still being accepted and can be mailed to the same address as listed above. Checks are to be made payable to Friends of Boyd Hill.

Thank you for your time and interest. Should you need additional information, feel free to contact Boyd Hill Nature Preserve at (727) 893-7326 or the Friends at friendsofboydhill@gmail.com.





Friends of Boyd Hill Camp Scholarship Nomination Form

To be eligible, the nominee must meet all qualifying criteria and all forms must be filled out completely and returned to the scholarship committee no later than March 30, 2018.

Child's Name: _____ Age: _____

Entering Grade: _____ School: _____

Parent or Guardian's Name: _____

Address: _____
(Street) (City) (Zip)

Phone Number: _____

Nominator's Name: _____

Relationship: _____

Email Address: _____ Phone Number: _____

I hereby certify that this child qualifies for the free or reduced lunch program.

Nominator's Signature _____



Nominator Comments:

Please tell us why this student should be awarded a scholarship to Boyd Hill Nature Preserve's Summer Camp.

Student Comments:

Please tell us why you would like to attend Boyd Hill Nature Preserve's Summer Camps.

Friends of Boyd Hill Camp Scholarship Application Form

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell: _____

Parent/Guardian's Name(s): _____ Work Phone: _____

Email: _____ Work Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Secondary Contact: _____ Phone: _____

**Do not list parent, guardian or emergency contact. Relation can be friend, aunt, uncle, etc.*

Relationship: _____

Who will be dropping off/picking up your child? _____

Allergies/Medication: _____

Please designate your first and second choices next to the appropriate date/camp.
Camp times are 9:00AM-4:00PM M-F. Extended care 8:00AM-5:00PM is available for \$25.
*All camps will be closed on Monday, May 28 and Wednesday, July 4.

Young Naturalist (Age 5-6)

- May 29-June 1*
- June 4-8
- June 11-15
- June 18-22
- June 25-29
- July 2-6 *
- July 9-13
- July 16-20
- July 23-27
- July 30- August 3
- August 6-10

Nature Adventure (Age 7-13)

- May 29-June 1*
- June 4-8
- June 11-15
- June 18-22
- June 25-29
- July 2-6 *
- July 9-13
- July 16-20
- July 23-27
- July 30- August 3
- August 6-10

Raptor Camp (Age 8-12)

- June 4-8
- June 11-15

The child and the parent and/or guardian hereby acknowledge that the above-named child may not attend this program unless the child and the parent and/or guardian agree to and sign the City of St Petersburg's Release, Waiver of Claims, Hold Harmless and Indemnity Agreement, and that upon its execution, such document shall be incorporated with and shall become a part of this registration application.

Parent/Guardian Name: _____

Signature: _____ Date: _____

STAFF USE ONLY

Date Processed _____ Staff Initials _____ Cash _____ Check # _____ Charge _____