



Scholarship Application Shiloh Museum History Camp

Please fill out a separate application for each child if you have more than one child interested in History Camp.

Parent/Guardian's Name: _____

Student's Name and Age: _____

Phone Number: _____ Email: _____

Address: _____

City, State, Zip: _____

Briefly describe your family's need.

Does your child qualify for free/reduced lunch at school? Yes ___ No ___

Do you have a current membership at the Shiloh Museum of Ozark History? Yes ___ No ___

Which camp are you requesting to attend?

History Camp I, June 19-23 (ages 7-10) _____ History Camp II, July 10-14 (ages 11-14) _____

For the student – please write a short paragraph explaining why you would like to attend History Camp.

Return form in person or by mail to:

History Camp Registration, Shiloh Museum, 118 W. Johnson Ave., Springdale, AR 72764