

PARTICIPANT INFORMATION: (ONE PAGE PER CHILD)

Participant Name: _____ Birthdate: _____ Age: _____ Grade: _____
 Phone: _____ Street Address: _____, Champaign, IL 618 _____
 Parent Name: _____
 Parent Email: _____

PARENT/GUARDIAN: Please fill out the first 3 columns. List **one** program session per line.

Program Title	ID Number	Resident Fee Listed	The boxes to the right are for OFFICE USE ONLY.	Parent Fee	Scholarship \$ Awarded	Fund to Use	

OFFICE USE ONLY:

VERIFY THAT FORMS ARE FILLED OUT COMPLETELY AND ALL REQUIRED DOCUMENTS ARE ATTACHED. GIVE COVER PAGE TO PARENT.

HH # _____ (for returning customers) DATE RECEIVED: _____

STAFF ACCEPTING DOCUMENTS: _____ LOCATION: (circle one) BMC DCC HC LRC SCC TC

ROUTE ALL SCHOLARSHIP APPLICATIONS TO TOM GILBERT.