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Scholarship Application

All information provided will be held strictly confidential and will not be used for any other purpose.

All financial aid applications will be reviewed on a first come, first serve basis. Please note that we are only able to offer partial scholarships, up to 75% of camp tuition.

The programs for which aid is available include our WB Teen Overnight, Carolina Ocean Odyssey, Wrightsville Beach Day Camp, Kids Summer Surf Camp, Guppy Ocean Adventure Camp, and Grom Ocean Academy.

In order to be considered your application must be complete and include the following:

- 1) Scholarship application form
- 2) Two teacher references
- 3) Copy of parent's/legal guardian's most recent 1040 form - We need to see HOUSEHOLD income
- 4) Letter written by the student explaining why this would be a beneficial experience for them

Camper Information:

First Name: _____ Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Day Phone#: () _____ Email: _____

Camp you are interested in attending: _____ DOB: _____ Age: _____

School Currently Enrolled In: _____ Current Grade Level: _____

School's Mailing Address: _____

Favorite Classes in School: _____

Other Sports/Clubs/Activities you are involved with: _____

Do you get paid for part-time work? (Circle One) Yes No If so, how much per year? _____

Name of employer: _____ Type of work: _____

Are any siblings attending or have attended one of our programs? (Circle One) Yes No

If yes, list names of participants: _____

Camp Tuition:

Please keep in mind that our goal is to assist as many students as possible in obtaining a rewarding summer camp experience. We ask that all applicants ask only for the amount of aid that is truly needed. Camp tuition does not include airfare so please factor in your travel expenses.

Percentage of the tuition you can afford: _____

Family Information:

Parents Marital Status: _____ Total number of family members in household: _____

Mother/Father Name - First: _____ Last: _____

Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: () _____ Secondary Phone #: () _____

Name of Current Employer: _____

Number of years at current job: _____ Position: _____

Mother/Father Name - First: _____ Last: _____

Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: () _____ Secondary Phone #: () _____

Name of Current Employer: _____

Number of years at current job: _____ Position: _____

Parents Marital Status: _____ Total number of family members in household: _____

Please Note: Regardless of the outcome of your financial aid request, this application must include your deposit if you wish to reserve a spot in camp. If you do not send a deposit, we cannot guarantee that there will be space in your preferred camp session. *All deposits are non-refundable and are subject to the deposit refund policy as outlined on our website.* If you have previously received financial aid, please do not assume that aid will be offered again. Tuition balances are due by April 1st. A monthly payment plan can be established to help you meet this deadline. If you have any questions please call us at 910.256.7873 or e-mail coordinator@wbsurfcamp.com.

Mother/Father Signature: _____ Date: _____

Please Print Name: _____

Camper Signature: _____ Date: _____

Please Print Name: _____