



PO Box 2647  
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## Class or Event Scholarship Application

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Qualify for the school free or reduced lunch program? YES NO

Can transportation arrangements be made to AND from event? YES NO

Has the child or family received a scholarship from LongviewWOW before? YES NO

If Yes, when: \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

### Attendance Choices

1st Choice: Event Name & Time \_\_\_\_\_

2nd Choice: Event Name & Time \_\_\_\_\_

I have read the description of the camp and find it acceptable to my child/children's participation. YES NO

I authorize Longview World of Wonders to arrange any necessary medical treatment in the event I cannot be reached. YES NO

I authorize Longview World of Wonders to photograph and video my child/children and utilize these images for promotional purposes. YES NO

Persons Authorized to pick up your child include phone numbers:

\_\_\_\_\_