## Elizabeth Ruthruff Wilson Foundation Camp Scholarship Application

Student	's name	(only	(only one application per student)	
Last for	ur digits of Social Security Num	ber		
Address	3			
Phone r		Parent email address		
School attended this year		Grade t	his year	
Camp to	o be attended	Date the	camp begins	
Camp a				
Сатр р	hone number			
Other scholarships funds received:		(including s	scholarships from the camp)	
Cost of tuition Fi		Final payment deadline	Final payment deadline	
Please l	ist the courses you will be takin	g at camp:		
		you must include the following		
	A BRIEF statement from the applicant about yourself. Including how long you have been interested in this field of study and how you feel you would benefit from this camp. This statement MUST BE neatly hand written by the student.			
	Tuition costs from the camp. You must attach a copy, from the camp, of the actual cost – <u>your</u>			
	<ul> <li>scholarship will not be processed without this.</li> <li>Include your acceptance letter if you have received one. If you have not received it yet you will provide</li> </ul>			
	this later.			
			cher or other individual (not a family This letter should be written for this	

## **Mail ALL the above items to:**

Lenawee County Education Foundation 4107 N. Adrian Hwy. Adrian, MI 49221 DEADLINE: March 31, 2024
Late applications will not be accepted.