

## Verbose Language Center Scholarship Request

**Camper's Full Name:** \_\_\_\_\_

**Camper's Nickname (goes by):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Names of Parent(s)/Legal Guardian(s):** \_\_\_\_\_

\_\_\_\_\_

**Home mailing address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email Address for parents/guardians:** \_\_\_\_\_

\_\_\_\_\_

**Requested Camp Topic and Date:** \_\_\_\_\_

**Why is learning another language important to you and your child:**

\_\_\_\_\_

Will this be your first Verbose Language Camp?                      Yes                      No

Have you had any previous language instruction?                      Yes                      No

**Please complete and return with a recommendation letter from your child's current teacher, counselor, or mentor. Submit this request to [VerboseLLC@gmail.com](mailto:VerboseLLC@gmail.com) at least 10 business days prior to your requested camp start date.**