



SOUTHSIDE HEALTH
EDUCATION FOUNDATION

Health Careers Explorers Camp Scholarship Application

All scholarship requests are due to SHEF
by Friday, May 13, 2016.

Mail to: Southside Health Education Foundation
P.O. Box 867, Colonial Heights, VA 23834

Applicant Name: _____

Home Address: _____

Home Phone: _____ E-mail: _____

Date of Birth: _____ Current Grade (2015-16): _____

Parent/Guardian Information:

Father's Name:

Occupation: _____

Employer: _____

Address: _____

Phone: _____

Email: _____

Income: _____

Mother's Name:

Occupation: _____

Employer: _____

Address: _____

Phone: _____

Email: _____

Income: _____

With whom
does the
applicant
reside?

- ☐ Father
- ☐ Mother
- ☐ Both
- ☐ Other: (explain)

Number of Children in Household (including applicant): _____

What school does the applicant attend? _____

Recommendation from Guidance Counselor or Social Worker

Name: _____ Title and Agency: _____

Signature: _____ Date: _____

Comments: _____

I certify that all of the above information is true and correct. I understand that my child may receive a full, partial or no scholarship to attend camp.

Parent/Guardian's Signature

Date