



Glacier Institute Scholarship Application

Date: _____ Child's Name: _____

Birthdate: _____ M/F _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Camp/School Group Requested: _____

Camp Date(s): _____

Statement of Need: _____

Please use additional paper if necessary

Amount (if any) you are able to contribute \$ _____

Parent/Guardian Signature: _____

Please mail completed application to:

The Glacier Institute

P.O. Box 1444

Columbia Falls, MT 59912

Or email to register@glacierinstitute.org

FOR OFFICE USE ONLY

Approval Date/Signature: _____

Amount: _____ Scholarship Name: _____

Notes: _____