



# MUSCATINE COMMUNITY COLLEGE

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## EASTERN IOWA COMMUNITY COLLEGES

### Summer Camp Scholarship Application

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Child's School \_\_\_\_\_

Grade level \_\_\_\_\_ Does your child receive free or reduced lunch at school? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please include a narrative as to your circumstances for requesting a scholarship and why you feel your child would benefit from the summer camp experience. Please include any special information relating to this application. (Use space below or attach a separate page)

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Send or drop off completed form to: Muscatine Community College  
President's Office  
152 Colorado Street  
Muscatine, IA 52761

OR email completed form to: Lisa Wiegel  
[lwiegel@iccc.edu](mailto:lwiegel@iccc.edu)