



**Roddy & Lavee Camp Scholarships**

**Provided by the Friends of the Highgate Library and Community Center**

Name of Parent and/or Legal Guardian: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

Child(ren)'s Birthdate(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Why are you seeking funding through the Roddy & Lavee Camp Scholarship program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Request: \_\_\_\_\_

**Financial Information:**

Total persons in your household: \_\_\_\_\_

Total Amount of Family Income: \_\_\_\_\_

Parent and/or Legal Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Return this form to the Highgate Library and Community Center care of the Library Director, Adah DeRosier. You may mail this form to PO Box 76, Highgate VT 05459 OR email it to [librarian@highgatevt.org](mailto:librarian@highgatevt.org). All scholarships will be awarded by April 30<sup>th</sup>, 2021.**