



# WOLF RIDGE/MINNESOTA OFFICE OF HIGHER EDUCATION (MOHE) SCHOLARSHIP APPLICATION

to be completed by the parent or guardian

Thank you for your interest in applying for a Minnesota Office of Higher Education Scholarship to provide financial support for participating in a summer camp at Wolf Ridge Environmental Learning Center. If you qualify, this program will provide each applicant up to \$1000 in financial support to attend one program. Please note that campers will be invoiced for any balance due if the camp costs more than \$1000. To qualify, you must be between grades 4 - 12, qualify for Free & Reduced Lunch and if in grades 7 - 12 have a "C" average or above. Scholarships are on a first come, first serve basis so, you are advised to get your application in early to be considered.

Please be sure to fill out the **ENTIRE** application, that **INCLUDES** your child's social security number. Incomplete applications will **NOT** be considered! Please **RE-CHECK** the application to ensure everything is completely filled out!

PART 1 - Camper Information

PART 2 - You have included a letter signed by a staff member at your child's school stating they qualify for the *Free & Reduced Lunch Program in the State of Minnesota*.

PART 3 - Please provide a letter signed by a staff member at your child's school or a copy of the report card stating they have achieved a "C" average or above in their classes if they are in grades 7 & above.

PART 4 - Parent/Guardian signature

Upon completion, please mail or scan & email the forms to

Wolf Ridge ELC  
6282 Cranberry Road  
Finland, MN 55603

jenny.bushmaker@wolf-ridge.org

## PART 1 - CAMPER INFORMATION (must be completed by the parent or guardian of the camper)

### CAMPER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Parents/Guardians with legal custody \_\_\_\_\_ Phone \_\_\_\_\_  Home  Work  Mobile

Email Address \_\_\_\_\_

Age (on arrival at camp) \_\_\_\_\_ Birthdate DD/MM/ \_\_\_\_\_ Entering grade \_\_\_\_\_ Gender (please circle) Male / Female

Camper's Social Security # **REQUIRED FOR APPROVAL FROM THE STATE OF MN, NO EXCEPTIONS** \_\_\_\_\_

### SCHOOL INFORMATION

Students must attend school in and be residents of the state of Minnesota

Name of School \_\_\_\_\_ City/State of School \_\_\_\_\_

If in Grade 7 and above, please provide the GPA for the student Overall GPA \_\_\_\_\_ GPA in Science \_\_\_\_\_

### TRANSPORTATION

Do you want transportation to/from Wolf Ridge?  Yes  No

Please understand depending upon the cost of the program this may be above and beyond what the MOHE will provide for scholarship assistance.

Ways (If YES, please check one)

One-way

Two-way (both to and from Wolf Ridge)

If one-way (please check direction)

To Wolf Ridge

Home from Wolf Ridge

Location (please check one)

Minneapolis/St. Paul (95th Ave Park & Ride)

Duluth (Thompson Rest Area)

**ETHNICITY/RACE**

Please check all that apply

- Black/Afro-Caribbean/African American**  
Any person having origins in any of the black racial groups of Africa
- Latino(a)/Hispanic American**  
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin
- Asian/Asian American**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
- American Indian/Alaskan Native**  
A person having origins in any of the original peoples of North and South American (including Central America) and who maintains tribal affiliation or community attachment
- Non-Hispanic White/Euro-American**
- Prefer Not To Answer**

**PROGRAM & DATES**

The following programs are the **ONLY** programs the MOHE Scholarship program covers. Please circle the program you are applying for. If you do not see it listed below, it is **NOT** available for scholarship from the MOHE. While you may only receive **ONE (1)** MOHE Scholarship, if you are applying for more than 1 date for Discoverers, Voyageurs or Adventurers, please rank which one you would like to attend the most (this is in case the program is filled)

CHOICE #1 \_\_\_\_\_ CHOICE #2 \_\_\_\_\_ CHOICE #3 \_\_\_\_\_

<b>DISCOVERERS</b>	<b>VOYAGEURS</b>	<b>ANGLING TO ARCHERY</b>	<b>ADVENTURERS</b>	<b>ADVENTURERS 2-WK BWCA CANOE</b>
entering grades 4 - 5	entering grades 6 - 7	entering grades 6 - 7	entering grades 8 - 9	entering grades 8 - 9
July 9 - 15, 2017	July 9 - 15, 2017	July 30 - August 5, 2017	July 23 - 29, 2017	July 9 - 22, 2017
July 16 - 22, 2017	July 16 - 22, 2017		July 30 - August 5, 2017	
July 23 - 29, 2017	July 23 - 29, 2017		August 6 - 12, 2017	
July 30 - August 5, 2017	July 30 - August 5, 2017			
August 6 - 12, 2017	August 6 - 12, 2017			
August 13 - 19, 2017	August 13 - 19, 2017			
<b>ADVENTURERS 2-WK ISLE ROYALE BACKPACK</b>	<b>JR. NATURALISTS 2-WK APOSTLE ISLANDS KAYAK</b>	<b>JR NATURALISTS 2-WK QUETICO CANOE</b>	<b>CREDIT ACADEMY: FRESHWATER ECOLOGY</b>	
entering grades 8 - 9	entering grades 10 - 12	entering grades 10 - 12	entering grades 10 - 12	
July 16 - 29, 2017	July 30 - August 12, 2017	July 23 - August 5, 2017	July 9 - 29, 2017	

**PART 2 - FREE & REDUCED LUNCH PROGRAM**

If you are applying for the Minnesota Office of Higher Education Scholarship program, please provide a letter signed by a staff member at your child's school stating they qualify for the *Free & Reduced Lunch Program in the State of Minnesota*.

\_\_\_\_\_ You have provided a letter stating they qualify for the Free & Reduced Lunch Program in the State of Minnesota

**THIS IS REQUIRED FOR APPROVAL**

**PART 3 - GRADE POINT AVERAGE (GPA)**

If you are applying for the Minnesota Office of Higher Education Scholarship program and are in grades 7 - 12, please provide a letter signed by a staff member at your child's school stating they have a "C" grade point average or above.

\_\_\_\_\_ You have provided a letter stating they have a "C" grade point average or above

**PART 4 - PARENT/GUARDIAN SIGNATURE**

I certify that all the information in this application is true and accurate to my knowledge. I understand that submission of this application does not guarantee a scholarship.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to fill out the **ENTIRE** application, that **INCLUDES** your child's social security number. Incomplete applications will **NOT** be considered!

Applications can **ONLY** be mailed or scanned & emailed - **NO FAXES!**