



WOLF RIDGE SUMMER ACADEMIC ENRICHMENT PROGRAM (SAEP) MOHE SCHOLARSHIP APPLICATION

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 entering grades 4 - 12 in the upcoming fall, qualify for Free & Reduced Lunch and if in grades 7 - 12 have a "C" average or above in Science. 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 completely fill out the **ENTIRE** application, that **INCLUDES** student's social security number or Minnesota Automated Reporting Student System (MARSS). Incomplete applications will **NOT** be considered!

Upon completion, please mail or email the forms to:

Wolf Ridge ELC
6282 Cranberry Road
Finland, MN 55603

summercamp@wolf-ridge.org

**PLEASE COMPLETE BOTH SIDES OF THIS FORM
DOUBLE CHECK TO ENSURE ALL REQUIRED INFORMATION IS PROVIDED**

CAMPER INFORMATION

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Name _____

Address _____
Street Address

_____ City/State/Zip Code

Age (on arrival at camp) _____ Birthdate _____
Month, Day, Year

Entering grade _____ Gender _____

Parents/Guardians with legal custody _____

Email Address of Parents/Guardians _____

Phone _____ Home Work Mobile

MARSS # or Social Security #

REQUIRED FOR APPROVAL FROM MOHE, NO EXCEPTIONS

TRANSPORTATION

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

Location (please check one)

- Minneapolis/St. Paul (95th Ave Park & Ride)
 Duluth (Duluth Transportation Center)

Ways (If YES, please check one)

If one-way (please check direction)

- One-way To Wolf Ridge
 Two-way (round trip) Home from Wolf Ridge

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 & above, please provide the GPA for the student (and be sure to send a copy of their grades/report card)

Overall GPA _____ GPA in Science _____

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 including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- American Indian/Alaskan Native
A person having origins in any of the original peoples of North & South America (including Central America) and who maintains tribal affiliation or community attachment
- Non-Hispanic White/Euro-American
- Prefer not to answer

PROGRAM CHOICE

Not all programs are eligible for this funding, please visit www.wolf-ridge.org/scholarships to see this year's eligible programs. While you may only receive **ONE** SAEP Scholarship, if you are applying for more than 1 program or date please rank which one is your 1st choice, 2nd choice and 3rd choice.

CHOICE #1 _____ CHOICE #2 _____ CHOICE #3 _____

- If the eligible program you are applying for is more than the \$1,000 supplied by SAEP I would like to apply for a Wolf Ridge Scholarship. (Covers 10-70% of camp costs)
- If I am not Eligible for SAEP funding I would like to apply for a Wolf Ridge Scholarship. (Covers 10-70% of camp costs)

FREE & REDUCED LUNCH PROGRAM ELIGIBILITY

Please provide one of the following, qualifying you for the Free and Reduced Lunch Program in the State of Minnesota:

- A letter from student's school stating they qualify for the Free & Reduced Lunch Program in the State of Minnesota
- Proof of MFIP or SNAP eligibility
- Copy of Federal income taxes showing that your family meets the income threshold based on household size, see chart to the right.

Household Size	Annual Income
1	\$27,861
2	\$37,814
3	\$47,767
4	\$57,720
5	\$67,673
6	\$77,626
7	\$87,579
8	\$97,532
Each additional family member add	\$9,953

THIS IS REQUIRED FOR APPROVAL

PART 3 - GRADE POINT AVERAGE (GPA)

If in grades 7 - 12, Please Provide one of the following to prove "C" average in Science:

- A letter signed by a staff member at your child's school stating they have a "C" grade point average or above in Science.
- Most recent Report card

THIS IS REQUIRED FOR APPROVAL

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 funding.

Signature of Parent/Guardian _____

Date _____