



Summer Camp Scholarship - 2014
(Only paid up Members of the SNFC for 2014 will be considered for Scholarships)

Professional Confirmation

Name of child Applying:
Name of Camp:

Date:	
Name:	
Qualifications:	
Profession:	
CPAM Licence No:	
Address:	

Please confirm in what capacity you know the child named above. Please highlight their area of need and whether you are providing service:

Signature _____

Date _____