



Licking County Soil and Water Conservation District

Camp Canopy Scholarship Application 2025

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Cell Phone _____

School and City _____

Age _____ Birthdate _____ Current (2024/2025) Grade _____

Guardian Name(s) _____

Guardian Address _____

Guardian City _____ State _____ Zip _____

Guardian Email _____

I certify the information provided on this application is true. Any information that is false or misleading can result in the loss of the scholarship, if awarded. My signature grants Licking County Soil and Water Conservation District permission to publicize my name as the recipient of the scholarship.

Applicant Signature _____ Date _____

Guardian Signature _____ Date _____

List any activities and/or hobbies you are involved in which relate to the environment and conservation of natural resources.

List any school and community activities, achievements, and honors you have earned.

Explain in detail why you would like to attend camp canopy, what you hope to gain from the experience, and how it will benefit your future goals.

Provide any information relevant to your consideration for this sponsorship or any other information you would like to share.