



CAMP SEK
MENTAL HEALTH • AGRICULTURE THERAPY

Camden Elliott Scholarship Application Form

1. Basic Information:

Applicant Name: _____ Applicant Date of Birth: _____

Form completed by: _____ Relationship to Child: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

Applicant School Name: _____ Applicant Grade in Fall 2026: _____

2. Camp Details:

Camp SEK Therapeutic Intensives

Camp Location: **Camp Tanglewood 1403 Tanglewood Road, Lawrence, Mississippi**

Camp Dates: **May 22-24, 2026**

3. Reason for Applying:

Briefly explain why you believe your child would benefit from attending this intensive camp:



4. Financial Information:

Annual Household Income: _____ Number of dependents in the household: _____

Any special financial circumstances or hardships (if applicable):

5. Previous Camp or Extracurricular Experience:

Has your child attended any similar camps or programs before? If yes, please provide details:

6. Expectations:

What are your expectations for your child's experience at the camp?:

I, the undersigned, hereby declare that all the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of the scholarship application. I understand that completion of this application does not guarantee financial aid for Camp SEK Therapeutic Intensives participation.

Parent/Guardian Signature: _____ Date: _____

Completed Applications can be emailed to: info@sekintensives.com along with the application form. Incomplete applications will not be considered. Thank you for your interest in our Camden Elliott scholarship. We will follow up via email and phone number with the next steps in our application process.