

# Richard E. Andrews Memorial 2019 Young Birder Scholarship Application



## Your Information:

Name: \_\_\_\_\_

Name of your School:

\_\_\_\_\_

ABA Membership #: \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Other \_\_\_\_\_

Street  
Address \_\_\_\_\_

Age as of March 1, 2019: \_\_\_\_\_

City \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

List your five greatest achievements to date. These  
need not be bird related. (Use the back if needed)

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

1 \_\_\_\_\_

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

\_\_\_\_\_

Name of Parent or Legal Guardian:

2 \_\_\_\_\_

\_\_\_\_\_

Address if different from yours:

3 \_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

4 \_\_\_\_\_

State/Province \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

\_\_\_\_\_

Daytime Phone \_\_\_\_\_

5 \_\_\_\_\_

\_\_\_\_\_

**Camp/Event Information:** Name of Camp or Event for which you are applying for a scholarship:

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Hosting Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip or PC \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Camp/Event Fee: \_\_\_\_\_

**Your Budget: Costs**

Travel	\$
Attendance Fee	\$
Room & Board (if separate)	\$
Other Costs (please detail on back of this page)	\$
<b>Total Cost</b>	<b>\$</b>

**Your Budget: Funding Sources**

Parents/Relatives	\$
Local Bird Club	\$
Your Own Activities	\$
Other Sources (please detail on back of this page)	\$
<b>Total Income</b>	<b>\$</b>

**Amount Requested from ABA:**

\$ \_\_\_\_\_ . \_\_\_\_\_ (up to \$500.00)

Please check the box that most closely describes your family's annual household income.

- Under \$30,000       \$30,001-\$50,000
- \$50,001-\$70,000       \$70,001-\$90,000
- Over \$90,000

Are there any special financial or other circumstances that you would like us to consider when reviewing your application? If yes, please explain. (All information you give is confidential.)

Your ABA Member Number: \_\_\_\_\_

Your Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Return all application materials before **March 1, 2019** to:

American Birding Association  
 Youth Scholarships  
 P. O. Box 744 - 93 Clinton Street  
 Delaware City, DE 19706



**American Birding**<sup>®</sup>  
 ASSOCIATION