



FRESH PERSPECTIVE SUMMER CAMP SCHOLARSHIP APPLICATION

STUDENT NAME (FULL NAME) _____

STUDENT GRADE: _____

STUDENT SCHOOL _____

PARENT/GUARDIAN (FULL NAME) _____

PARENT/GUARDIAN EMAIL ADDRESS _____

PARENT/GUARDIAN DAYTIME PHONE # _____

MAILING ADDRESS _____

NAME OF CAMP STUDENT WILL ATTEND _____

CAN YOU PROVIDE PROOF OF REGISTRATION?

YES

NO

**DOES ANYONE IN YOUR FAMILY HAVE VISION CARE NEEDS?
(GLASSES/CONTACTS/EYE EXAMS)**

YES

NO

**CAN PERSPECTIVE EYE CARE LONG ISLAND SEND YOU
INFORMATION ABOUT OUR PRODUCTS & SERVICES?**

YES

NO