

YALE PEABODY MUSEUM 2020 SUMMER CAMP

Financial Assistance Application

Thank you for your interest in Yale Peabody Summer Camp!

Please complete the following application and submit by email or mail to the Summer Camp Office. We will respond to your application within two weeks of receiving your information.

Camper Information:

Camper Name: _____
Name City

School Attending in 2020/2021: _____
Name City

Name of Camper's Parent(s) or Guardian(s): _____

Address: _____
Street City State Zip

Primary Phone: () _____ Alternate Phone: () _____

Email Address: _____

Gross family income (income before taxes): _____

Any additional sources of income (e.g. alimony, social security, public assistance, etc.):

Number of children in your household: _____

Number of adults in your household: _____

Please feel welcome to share any additional information about your child's interest in our program:

Return this form by mail or email to:
Summer Camp Office
Yale Peabody Museum
P.O. Box 208118
New Haven, CT 06520-8118
(203) 432-3776 peabody.programs@yale.edu