



BRIANA WHITTAKER-OLIVER

CRITTER CAMP SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Full Name: _____ Date: ____ / ____ / ____

Street address: _____

City, state, ZIP: _____

Phone number: _____ Email: _____

School: _____ Current Grade: 6th 7th
 8th 9th

Are you vaccinated against COVID-19? Yes No

Why would you like to attend Critter Camp at the Richmond SPCA?

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to student: _____

Phone number: _____ Email: _____

Please return completed applications to:

Email: cmoses@richmondspca.org

Mail: ATTN: Chanel Moses, Richmond SPCA
2519 Hermitage Road
Richmond, VA 23220

