



Craig Tufts Educational Scholarship 2025 Application Form

Applicant Contact Information

Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Contact Information

Name of Adult: _____

Relationship to Applicant: _____

Street Address (if different from applicant): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

I grant permission for my child to submit this application for the 2025 Craig Tufts Educational Scholarship Award. I understand that if my child is selected, an adult (age 21 or over) must accompany my child to the New River Gorge Family Nature Summit in West Virginia, from Saturday, July 19, to Friday, July 25, 2025.

I agree

I disagree

Parent/Guardian (Print Name)

Date

Applicant (Print Name)

Date