



Camp JAM 2015 SCHOLARSHIP APPLICATION

It is the intent of the donor funding for The Arthritis Foundation's Camp JAM, that girls and boys who would otherwise be unable to enjoy a camp experience, be offered an application for a full scholarship or partial scholarship. This form will help the Arthritis Foundation identify and prioritize those families needing financial assistance. Please complete all requested information in order to have your child considered for a scholarship. Scholarship deadline is May 1st. **Please submit application to Jazzmin McKay, jmckay@arthritis.org.**

Parent or Guardian's Name: _____
Child's Name: _____ Age: _____ Birthdate: ____ / ____ / ____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (____) _____ Primary Email: _____

Name of Rheumatologist: _____

Have you attended Camp JAM in the past? If so, what year(s)?

Have you received a scholarship award in the past to attend Camp JAM?

Please describe your involvement/engagement with the Arthritis Foundation (through events, volunteer opportunities or JA activities or other).

Did you participate in Arthritis Foundation fundraising events in 2014? {Yes or No}
If so, explain your involvement (ie: money raised, teams recruited, etc.)

Do you plan to participate in any Arthritis Foundation Events in 2015? If so, please list

Would you like to volunteer with the Arthritis Foundation in 2015?

Please comment on your need for financial assistance. Describe the financial burden of this disease on you and/or your family and why you are selecting the level of support you are requesting.

If scholarship funds have been depleted, please tell us if:
 You still want your child to attend
 You will not be able to send your child to camp this year

Instructions: Please sign below and return the Scholarship Application Form and your child's "Why I want to go to Camp JAM essay (required) to Rebecca Cullen at the Arthritis Foundation.
I attest by my signature that this application accurately reflects my family's household income and our financial need:
Signed by parent or guardian: _____

