



Camp SPIRIT 2015 SCHOLARSHIP APPLICATION

It is the intent of the donor funding for The Arthritis Foundation's Camp SPIRIT, 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. **Due date for scholarship requests: March 1 for \$387, May 1 for \$312, & June 1 for \$162 – Please submit application to Jazzmin at jmckay@arthritis.org.**

***Please Note: A family contribution of at least \$75 is required making the largest scholarship to be awarded \$387, partial scholarships will also be awarded based on application date and need.**

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 SPIRIT in the past? If so, what year(s)?

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

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.

What portion of the \$462 camp registration cost are you requesting a scholarship for? *(Please check a box below)*

\$162 Scholarship **(by June 1)** \$312 Scholarship **(by May 1)** \$387 Scholarship **(by March 1)**

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

<p>Instructions: Please sign below and return the Scholarship Application Form and your child's "Why I want to go to Camp SPIRIT essay (required) to Jazzmin McKay at the Arthritis Foundation, 35 E. Wacker Dr, Suite 2260, Chicago, IL 60601 <i>I attest by my signature that this application accurately reflects my family's household income and our financial need:</i> Signed by parent or guardian: _____</p>

Camp SPIRIT Scholarship Essay

Essay Directions:

New Camper: Please write to tell us what you hope to learn or an experience you look forward to while you are at Camp SPIRIT!

If you have camped with us before: Tell us about some of the things that were the most fun, interesting or special about your week at Camp SPIRIT and why you want to go back!

First & Last Name *Age*