

**Camp JAM 2014**  
**SCHOLARSHIP APPLICATION**

It is the intent of the donor of 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. 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. **Please submit application to Jazzmin at [jmckay@arthritis.org](mailto:jmckay@arthritis.org) or fax to 312-372-2081.**

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

Is this the first time you have applied for a scholarship to attend Camp JAM? \_\_\_\_\_

How did you hear about Camp JAM? \_\_\_\_\_

If your child has attended Camp JAM before, how many years have they attended? \_\_\_\_\_

What is the combined net household income of the parent/s or guardian of the applicant? \_\_\_\_\_

*\*Applications not containing this information will not be considered for any scholarship.*

Parent or guardian's job title: \_\_\_\_\_

Do you own or rent your residence? \_\_\_\_\_ How long? \_\_\_\_\_

Do you receive food stamps or public assistance? \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Jazzmin McKay at the Arthritis Foundation.

*\*You will be notified immediately if you qualified for a scholarship\**

***I attest by my signature that this application accurately reflects my family's household income and our financial need:***

**Signed by parent or guardian:** \_\_\_\_\_

**Please return all requested information to:**

Arthritis Foundation  
35 E. Wacker Dr, Suite 2260  
Chicago, IL 60601

**Questions:**

Jazzmin McKay  
Phone: 312-880-4739  
Email: [jmckay@arthritis.org](mailto:jmckay@arthritis.org)

# Camp JAM Scholarship Essay

*"Why I want to go to Camp JAM"*

## **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 JAM!

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 JAM and why you want to go back!

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\_\_\_\_\_ *First & Last Name*

\_\_\_\_\_ *Age*