

**Camp JAM 2013
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 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

