



# 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 1<sup>st</sup>. **Please submit application to Jazzmin McKay, [jmckay@arthritis.org](mailto: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:** \_\_\_\_\_

# Camp JAM 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 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*