



Camp SPIRIT 2016 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: April 1 for \$420 & June 1 for \$320** – Please submit application to Corrine Grace at cgrace@arthritis.org or mail to the address below.

***Please Note: A family contribution of at least \$50 is required making the largest scholarship to be awarded \$420, 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: _____		

Type of juvenile arthritis and name of Rheumatologist (arthritis specialist) and ARNP (nurse):

Have you attended Camp SPIRIT in the past? **{Yes or No}** If so, what year(s)?

Have you received a scholarship award in the past to attend Camp SPIRIT? **{Yes or No}** If so, what year(s)?

Please describe your involvement/engagement with the Arthritis Foundation (advocacy, Arthritis Walk/JBR, volunteer opportunities, JA activities, or other). Did you participate in Arthritis Foundation fundraising events in 2015? **{Yes or No}** If so, explain your involvement at each event (ie: money raised, teams recruited, volunteered, etc.)

Do you plan to participate in any Arthritis Foundation Events in 2016? **{Yes or No}** If so, please list:

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 \$470 camp registration cost are you requesting a scholarship for? *(Please check your selection below)*

\$420 Scholarship **(by April 1)**

\$320 Scholarship **(by June 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

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 Corrine Grace at cgrace@arthritis.org or mail to: Arthritis Foundation, 4949 Pleasant St, Ste 202, West Des Moines, IA 50266
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 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!

_____ *Name*

_____ *Age*