



Camp Spirit 2013 SCHOLARSHIP APPLICATION

It is the intent of the donor of 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 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. **Due date for scholarship requests: April 22nd – Please submit application to Jessica at jlacroix@arthritis.org .**

***Please Note: A family contribution of at least \$50 is required making the largest scholarship to be awarded \$385, partial scholarships will also be awarded based on application and need.**

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 Spirit? _____

How did you hear about Camp Spirit? _____

If your child has attended Camp Spirit 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? _____

What portion of the \$435 camp registration cost are you requesting a scholarship for? *(Please check a box below)*

\$235 Scholarship \$310 Scholarship \$385 Scholarship

If you do not qualify/or if funding for this amount of scholarship has been depleted, please tell us if:

You still want your child to attend and will pay the difference, or

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 Spirit" essay (required) to Jessica at the Arthritis Foundation **by April 22nd, 2013.**

You will be notified no later than May 1st 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
1025 Ashworth Rd, Ste 505
West Des Moines, IA 50265

Questions:

Jessica LaCroix
Phone: 515-278-0636
Email: jlacroix@arthritis.org

Camp Spirit Scholarship Essay

"Why I want to go to Camp Spirit"

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*