

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 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

