

It is the intent of the donor of funding for The Arthritis Foundation's Joint Adventures, 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 30th – Please submit application to Brooke at bburns@arthritis.org.**

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 Joint Adventures? _____

How did you hear about Camp Joint Adventures? _____

If your child has attended Camp Joint Adventures 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 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 Joint Adventures" essay (required) to Brooke at the Arthritis Foundation **by April 30th, 2014.**

You will be notified no later than May 10th 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
1900 W. 75th St. Ste. 200
Prairie Village, KS 66208

Questions:

Brooke Burns
Phone: 913-262-2233
Email: bburns@arthritis.org

Camp Joint Adventures Scholarship Essay

"Why I want to go to Camp Joint Adventures"

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 Joint Adventures!

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 Joint Adventures and why you want to go back!

_____ *First & Last Name*

_____ *Age*