



Our mission is to empower children by providing a safe place for growth and enrichment in the great outdoors and a respect for the environment.

3/28/17

2018 Camp Alexander Scholarship Application

Mr. Alexander's Gold Scholarship: \$100.00 Scholarship

Parent/Guardians will be responsible for \$20.00 per week of camp.

Qualifications: Available to documented USD253 or other school district **FREE** lunch recipients

Mr. Alexander's Silver Scholarship: \$80.00 Scholarship

Parent/Guardians will be responsible for \$40.00 per week of camp.

Qualifications: Available to documented USD253 or other school district **REDUCED** lunch recipients

Other documented circumstances approved by funders and Camp Board

Distribution Timeline

1st round scholarships will be distributed by April 30th.

2nd round of scholarships (if funded) will be distributed by May 15th.

Scholarships are limited and will be distributed so that multiple children have the opportunity to attend camp.

Only pick 6 weeks and prioritize preferences.

Please choose the 6 weeks for which you are applying for a scholarship:

(Please mark weeks in priority order by marking 1st, 2nd, 3rd, 4th, 5th and 6th)

- | | |
|--|--|
| _____ May 29th- June 1st | Mr. Alexander's Summer Classics (<i>no camp May 28th</i>) |
| _____ June 4 th – 8 th | Sports Mania |
| _____ June 11 th - 15 th | Water Wars |
| _____ June 18 th – 22 rd | Fit-Tastic |
| _____ June 25 th - 29 th | Nature Adventure (We will hold our annual Fish Fry on Friday this week!) |
| _____ July 2 nd – 6 th | Mid Summer Mayhem (<i>no camp July 4th</i>) |
| _____ July 9 th – 13 th | Teamwork Makes Dreamwork |
| _____ July 16 th – 20 th | Tidal Wave |
| _____ July 23 rd – 27 th | Sports Mania Round 2 |
| _____ July 30 th – August 3 rd | Summer Highlights |

Camper Information (Please complete one form for each camper):

Date of application: ____/____/____

First Name: _____ Last Name: _____ Age: _____ Gender: _____

Date of Birth: ____/____/____ Grade just completed: _____ School Attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Lunch Program: Reduced _____ Free _____ *(must have completed USD253 or other district paperwork)*

Primary Contact:

First Name: _____ Last Name: _____ Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Occupation: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Secondary Contact:

First Name: _____ Last Name: _____ Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

**Why do you want your child to attend Camp Alexander this summer and why do they need to receive a scholarship?
If child is old enough, they can add to this question as well. *(Please attach additional paper to answer this question.)***

Requirements for scholarships (please initial all parts)

_____ 1. I have completed USD 253 or another district lunch program paperwork and will make it available

_____ 2. I have truthfully answered all questions on this application

_____ 3. My child will write/make a Thank You note to the scholarship funder

_____ 4. My child will be able to attend every day of camp on the weeks identified, unless they become ill

_____ 5. I will sign in and sign out my child every day

_____ 6. If I do not sign in and sign out my child every day or my child does not attend all days, I understand I can lose any future week scholarships

Print Name

Signature

Date

Return Application to: Camp Alexander, 1783 Road P5, Emporia, KS 66801