

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.

# 2019 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**

1<sup>st</sup> round scholarships will be distributed by April 30<sup>th</sup>.

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

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)

5/28-5/31	Summer Adventure (No camp on May 27 <sup>th</sup> )
6/3-6/7	Olympic Games
6/10-6/14	Water Wars
6/17-6/21	Moovin' and Groovin'
6/24-6/28	Nature Adventure (Our annual fish fry will be on Friday this week!)
7/1-7/5	MidSummer Mayhem (No camp on July 4 <sup>th</sup> )
7/8-7/12	Teamwork Makes Dreamwork
7/15-7/19	Tidal Wave
7/22-7/26	Sports Mania
7/29-8/2	Summer Highlights (last week of camp)

Camper Information (Please complete one form for each camper):		<u>per):</u> Date of applica	Date of application://	
First Name:	Last Name:	Age: _	Gender:	
Date of Birth:/	Grade just comp	leted: School Atten	ded:	
Address:	City:	State:	Zip:	
Lunch Program: Reduced	Free <i>(</i>	must have completed USD253	or other district paperwork	
Primary Contact:				
First Name:	Last Name:	Relationship t	o Camper:	
Address:	City: _	State:	Zip:	
Email:				
Occupation:		Work Phone:		
Home Phone:	Cell Phone:			
Secondary Contact:				
First Name:	Last Name:	Relationship t	o Camper:	
Address:	City: _	State:	Zip:	
Occupation:		Work Phone:		
Home Phone:	Cell Phone:			
Why do you want your child to atte	•	•	•	
Requirements for scholarships (ple	ase initial all parts)			
1. I have completed USD 2	53 or another district lunch	n program paperwork and will	make it available	
2. I have truthfully answer	ed all questions on this app	olication		
3. My child will write/make	e a Thank You note to the s	cholarship funder		
4. My child will be able to	attend every day of camp o	on the weeks identified, unless	they become ill	
5. I will sign in and sign ou	t my child every day			
6. If I do not sign in and sig any future week scl		r my child does not attend all o	days, I understand I can lose	
Print Name Return Application to: Camp Alexan	Signature	Date	e	

Revised 3/11/2019