

# Fresh Start with Camp Jump Start Scholarship Program Application Package

Complete all items. Label all submissions with your full name.

By **April 15**, provide completed application package with supporting materials to:

**Russell W. Hogrefe Fresh Start with Camp Jump Start Scholarship  
c/o Living Well Village  
3602 Lions Den Road  
Imperial, MO 63052**

1. Name of child \_\_\_\_\_  
Last First

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name of mother/guardian \_\_\_\_\_  
Last First

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name of father/guardian \_\_\_\_\_  
Last First

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Family status: Are both parents alive? Yes \_\_\_\_\_ No \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Single mom \_\_\_\_\_ Single dad \_\_\_\_\_ Guardian \_\_\_\_\_

Who has custody of child \_\_\_\_\_ List siblings/ages: \_\_\_\_\_

5. Permanent Address of child: \_\_\_\_\_  
Street

City State Zip Code

6. Primary Telephone number: \_\_\_\_\_

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The Fresh Start WITH Camp Jump Start Scholarship program does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability.

7. Please include a copy of pages 1 and 2 from your current 1040 tax return on which this child is claimed as a dependent.
8. Attach additional extenuating circumstances/ financial information that will help explain why you and your child are requesting tuition assistance.
9. How much are you requesting for a scholarship? (Award based on financial need and money will be paid directly to Camp Jump Start—put dollar amount on line)

Full tuition for 4 weeks \$ \_\_\_\_\_

Full tuition for 8 weeks \$ \_\_\_\_\_

**I can afford and will contribute** \$ \_\_\_\_\_ towards tuition prior to camp.

10. Submit an essay written by the child and one from the parent/guardian with name on top page (maximum 1 page each)---explaining how Camp Jump Start will make a difference in their life and how they plan to make the most of this opportunity. Speak from the heart---english, spelling and grammar are not graded---just make it legible for our readers. (This essay may be used without identifiable information of applicant to solicit other donors to invest in the campership fund.)
11. Include the attached “Health Professional Letter of Recommendation” in this packet.
12. The custodial parent/guardian’s signature authorizes the American Camp Association Illinois Section’s Russell W. Hogrefe Fresh Start with Camp Jump Start selection committee to examine and verify all pertinent information submitted and to release the committee and organization of any claims against them from this process. Your signature certifies that all information submitted is true and complete to the best of your knowledge. It also acknowledges and grants permission to use the essay portion of the application to solicit more sponsors to donate funds to the scholarship without compensation to applicant.

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date

**All unsigned or incomplete application packages will make the applicant/ camper ineligible for consideration for the Fresh Start with Camp Jump Start Scholarship.**

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