

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:

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

1. Are you eligible for a military scholarship? Yes ___ No ___

If yes, please provide you or your family's service _____

2. Name of child _____

Gender: Male ___ Female ___ Birthdate: _____ Age: _____
Last First

3. Name of mother/guardian _____

Email: _____ Occupation: _____
Last First

Employer: _____ Phone: _____

4. Name of father/guardian _____

Email: _____ Occupation: _____
Last First

Employer: _____ Phone: _____

5. Family status: Are both parents alive? Yes ___ No ___

Married ___ Separated ___ Single mom ___ Single dad ___ Guardian ___

Who has custody of child _____ List siblings/ages: _____

6. Permanent Address of child: _____

_____ Street
_____ City State Zip Code

7. Primary Telephone number: _____

NEXT PAGE

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 Living Well Foundation—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 Living Well Foundation 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 may make the applicant/ camper ineligible for consideration for the Fresh Start with Camp Jump Start Scholarship.

Name of child: _____

Parent/guardian request to complete letter _____
Signature of parent/guardian

HEALTH PROFESSIONAL LETTER OF RECOMMENDATION

I have applied for a scholarship to Camp Jump Start—a health/ weight loss camp for kids. I want to improve my life and ask that you fill this out as part of my application process. **Please return this form in a sealed envelope with my name on it so that we may submit it with our application packet.** Thank you for taking the time to give me a chance to become healthier.

- 1. How long have you known the applicant?**

- 2. In what capacity have you worked with this child or child's family?**
Is this family open to change in living a healthy lifestyle?

- 3. Please identify the benefits that you feel this child would receive from our program?**

- 4. Is there anything that you would like to add regarding this child that you think we should know?**

- 5. Will you follow-up with this child and child's family following camp so that they may continue the success at home?**

Signature of health professional/title

Print Name of professional

Date

Business Address

City

State

Zip Code

Phone number