

The Camp Spirit Scholarship Fund Application for Camp Mont Shenandoah, Ltd.

Application Deadline: November 12, 2010 (NOT A POSTMARK DEADLINE)

APPLICANT INFORMATION

Camper Name _____

Last
First
Middle
Preferred Name

Mailing Address _____

Permanent Address (if different than above) _____

County of Residence _____ School Name _____

Email _____ Home Telephone _____ Camper Age _____

Number of Years at Camp Mont Shenandoah: (Please distinguish between R&S years and 3/6 week years, if applicable.) _____

Have you previously received The Camp Spirit Scholarship? Yes No If yes, when? _____

Session Attending: (Please select one)

6 Weeks 1st 3 Weeks 2nd 3 Weeks R&S I R&S II

If a repeat camper, please list the name of your previous summer CMS counselor(s). _____

NOTE: By providing the name of your previous summer camp counselor, you understand that a CMS Scholarship Committee Member may contact her to discuss your previous camp experiences.

FAMILY INFORMATION

Annual adjusted gross income \$ _____

Name of father/stepfather/guardian who assists with your expenses _____

Occupation _____ Employer _____ Annual Income _____

Name of mother/stepmother/guardian who assists with your expenses _____

Occupation _____ Employer _____ Annual Income _____

Additional income received:

Other sources (alimony, child support, government benefits, etc.) \$ _____

List names and ages of siblings supported by the parent(s)/guardian(s) who will assist with your camp expenses.

Name	Age	Relationship to Applicant

EXTRACURRICULAR ACTIVITIES (Must be completed by all applicants. Please record your activities below.)

Activity	Honors, Awards, Recognitions, etc.	Participation Dates
School related (clubs, sports, student government, fine arts, etc.)		
Community & Personal (volunteer work, youth programs, sports, music, dance, choir, 4-h, hobbies, etc.)		

PERSONAL STATEMENT

- I. On a separate sheet of paper, please have the applicant/camper write a letter expressing why she wants to attend Camp Mont Shenandoah.
 - II. On a separate piece of paper, the parent(s)/guardian(s) should:
 - a. Confirm their daughter's desire to attend Camp Mont Shenandoah;
 - b. Describe her ability to make friends, be helpful and maintain a positive attitude in a community environment; and
 - c. Describe the aspects of her character that may fit with Camp Mont Shenandoah's Five Virtues and 12 Laws of Woodcraft.
- In addition, please include any financial need, whether the child is a legacy of CMS or other special circumstances/reasons for the child to attend camp. Financial need will be a primary focus of the Selection Committee whereas being a legacy or other special circumstances are not required to receive a scholarship but may be considered by the Selection Committee.

CERTIFICATION

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from a scholarship.

Parent/Guardian Signature _____ Date _____

Camper Signature _____ Date _____

Please mail applications by November 12, 2010 (NOT A POSTMARK DEADLINE) to:
The Camp Spirit Scholarship
Rockbridge Area Community Foundation
C/O FRV
Attn: Dr. Pamela Minkler
1204 Regency Woods Place
Lynchburg, VA 24503