



## Summer Camp Campership Application

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE RESQUIRED ITEMS TO:

Island Vibes Summer Camp  
Attn: Assistant Director  
P.O. Box 307553  
St. Thomas, VI 00803  
Email: [islandvibessummercamp@gmail.com](mailto:islandvibessummercamp@gmail.com)

Date of Application: \_\_\_\_\_  
CAMPERSHIP APPLICATION DEADLINE, MAY 1, 2017

### Summer Camp Campership Guidelines:

- Camperships will be awarded based on need and applicant's dedication to sports
- Funding is limited and scholarships are not guaranteed to all applicants
- The children of Island Vibes staff are not eligible for campership assistance
- Camperships may not be awarded two years in a row
- Incomplete applications will not be reviewed

### Summer Camp Scholarship Applicant Requirements

- Submit completed application (after submitting the Camp Registration Form)
- Submit financial documentation demonstrating need (if applicable)
- Submit letter of intent demonstration passion for your sport
- Submit student transcript
- References are required but letters or supporting documents are optional
- Recipients must write a thank you letter to the sponsor responsible for their campership (information will be provided)

### Please fill out one form per child.

Name of Child \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Family Email \_\_\_\_\_ Grade (recently completed) \_\_\_\_\_

School \_\_\_\_\_ Campership Type (X) \_\_\_Need \_\_\_Merit

If you are not selected to receive a Summer Camp Campership, would you be willing to do your own fundraising? YES  NO

What do you hope your child will gain from this experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many children currently live in the household? \_\_\_\_\_ Please list their ages: \_\_\_\_\_

### REQUIRED FAMILY INFORMATION

Father's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Name of Legal Guardian (if not living with mother/father) \_\_\_\_\_

### FINANCIAL INFORMATION

Eligibility for need-based campership is based on the following criteria and conditions, including household size\* and income standards. If an applicant does not fall within these criteria but can prove other special circumstances, the campership committee will review and may grant a scholarship.

\*Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends etc.)

Total Household Size \_\_\_\_\_

Please indicate your total annual household income from all sources (including wages, interest income, investments, public assistance, etc.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Below \$15,000    | <input type="checkbox"/> \$35,000-\$45,000 | <input type="checkbox"/> \$65,000-\$75,000 |
| <input type="checkbox"/> \$15,000-\$25,000 | <input type="checkbox"/> \$45,000-\$55,000 | <input type="checkbox"/> \$75,000-\$85,000 |
| <input type="checkbox"/> \$25,000-\$35,000 | <input type="checkbox"/> \$55,000-\$65,000 | <input type="checkbox"/> \$85,000 +        |

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?

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Are other family members currently applying for assistance? YES  NO

Has anyone in your family previously received financial assistance through our campership fund? YES  NO

If yes, when? \_\_\_\_\_ How much was received? \$ \_\_\_\_\_

Campership Amount you are requesting: \$ \_\_\_\_\_

In addition to the fee, how much can you contribute? \$ \_\_\_\_\_

If you have any additional questions, please contact the Assistant Director at [islandvibessummercamp@gmail.com](mailto:islandvibessummercamp@gmail.com) or 340-626-729.