

## SUMMER CAMP SCHOLARSHIP POLICY

### Policy Statement

It is the policy of the ISI Team Camps to provide financial assistance to applicants who request it whenever possible. Please note that financial assistance is a limited fund and funds will be disbursed based on applicant's financial need. Both partial and full scholarships are available. Receipt of scholarship award(s) in previous years does not determine eligibility for current summer camp year. We will give preference to wrestlers that are coming with a team.

### Guidelines

A sliding scale based on total household income and number of residents will be used to determine the scholarship award. **Each camper is eligible for one scholarship session per summer.** The program manager will review all special circumstances requiring exceptions to the above stated policy.

### Selection Process

Based on a review of the application, camp directors will determine financial assistance eligibility. **Starting March 15th, applications will be reviewed on the 15<sup>th</sup> of each month and applicants can expect notification via phone and email once their request has been processed and accepted.**

### Application

Please fill out the following form **COMPLETELY**. This form must be returned with your completed registration form (printed from the website) If you have questions regarding scholarships or camp in general, please call (319) 404-0722.

Email completed form to: [isiteamcamps.com](mailto:isiteamcamps.com)

Or mail to:

**ISI Team Camps**

**Attn: Scholarships**

**PO Box 26**

**Lone Tree, IA 52755**

**Iron Sharpens Iron Team Camps**

**SUMMER CAMP SCHOLARSHIP APPLICATION**  
**ONE FORM PER CAMPER**

**1. Please Print or Type:**

Session # (1<sup>st</sup> Choice) \_\_\_ Camp \_\_\_\_\_

Session # (2<sup>nd</sup> Choice) \_\_\_ Camp \_\_\_\_\_

How did you find out about our camp?  Word of Mouth/Recommendation  Brochure/Poster/Postcard  
 Website/Social Media  Email Outreach  Summer Camp Fair (Name) \_\_\_\_\_

Has your child ever received a scholarship from ISI Team Camps? Yes \_\_\_ No \_\_\_ If yes, when \_\_\_\_\_

**2. Camper Name:** \_\_\_\_\_ **Gender:** M F

Birthdate: \_\_\_\_\_ Age when child starts camp: \_\_\_\_\_ Grade last in: \_\_\_\_\_ School name: \_\_\_\_\_

**3. Name of Parent(s) or Legal Guardian(s):** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address: \_\_\_\_\_

**4. Does your child qualify for the free lunch program at his or her school? Yes No (If yes, please skip to number 6)**

**5. Monthly Income from ALL sources:**

**GROSS**

**NET**

Earnings (Salary, Wages, Commissions, etc.)

\_\_\_\_\_

\_\_\_\_\_

Agency Subsidy (Welfare, Social Security, etc.)

\_\_\_\_\_

\_\_\_\_\_

Other (Alimony, Child Support, etc.)

\_\_\_\_\_

\_\_\_\_\_

**TOTAL**

\_\_\_\_\_

\_\_\_\_\_

Please list the total number of adults and children living on income represented here: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

**6. Are there any special circumstances that you feel we should be aware of in determining financial assistance?**

(Include this information in an attachment or on the back of this form)

**7. Statement from athlete describing their goals and how wrestling has impacted their lives.** (Include this information in an attachment or on the back of this form)

*8. I certify that the above information is true and authorize ISI TEAM CAMPS to verify all information on this form.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_