



**OGLEBAY INSTITUTE  
2011 JUNIOR NATURE CAMP  
SCHOLARSHIP APPLICATION**

*Please complete all relevant questions and return the completed application with your registration to the address listed below. Scholarships are based on need, merit and timeliness of application. Due to the number of scholarship requests received, funding is limited. Awards will be partial. The deposit listed in the Junior Camp brochure (\$50 for one week, \$100.00 for two weeks) is required with your application.*

*Please complete a separate form for each scholarship applicant. You will be notified in writing regarding any award. A completed registration and deposit **MUST ACCOMPANY** this scholarship application.*

**APPLICATION DEADLINE: MAY 31, 2011**

Name of applicant: \_\_\_\_\_ Age: \_\_\_\_\_

I would like to attend:     \_\_\_ Week One     July 24-30, 2011  
                                      \_\_\_ Week Two     July 31-August 6, 2011  
                                      \_\_\_ Both Weeks   July 24-August 6, 2011

What grade is the child entering for the 2011-2012 school year? \_\_\_\_\_

Has applicant attended any OI Camp before?    Yes    No

Has applicant received scholarship assistance before?    Yes    No

**For the camper:**

Briefly describe how attendance at this camp would be a benefit.

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List any past and/or current experiences that would indicate an interest in the area for which a scholarship is being considered.

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**For the parent/guardian:**

Please check one of the following ranges of *total* yearly family income:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Less than \$15,000  | <input type="checkbox"/> \$15,000 - \$20,000 | <input type="checkbox"/> \$21,000 - \$25,000 |
| <input type="checkbox"/> \$26,000 - \$30,000 | <input type="checkbox"/> \$31,000 - \$35,000 | <input type="checkbox"/> \$36,000 - \$40,000 |
| <input type="checkbox"/> \$41,000 - \$45,000 | <input type="checkbox"/> \$46,000 - \$50,000 | <input type="checkbox"/> More than \$50,000  |

Number of dependent children in your household: \_\_\_\_\_ Total household size: \_\_\_\_\_  
(Children & Adults)

Does your child participate in the reduced or free lunch program at his or her school?  
 Yes  No

Briefly describe how attendance at this camp would benefit your child.

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Parent/Guardian's Name: \_\_\_\_\_

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

Daytime Telephone #: \_\_\_\_\_

Evening Telephone #: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Return this completed application with your camp registration form to:**

**Oglebay Institute Scholarship Committee  
1330 National Road  
Wheeling, WV 26003**

**Information provided on this application is considered strictly confidential by Oglebay Institute.**