



**OGLEBAY INSTITUTE
2012 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, 2012

Name of applicant: _____ Age: _____

I would like to attend: ___ Week One Only July 22-28, 2012
 ___ Week Two Only July 29-August 4, 2012
 ___ Both Weeks July 22-August 4, 2012

What grade is the child entering for the 2012-2013 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.

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

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.

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.