

INFINITY'S CAMP SCHOLARSHIP APPLICATION



Print clearly on this form and return by fax or mail.

Friends of Infinity Acres Ranch
Animal Adventure Camp

136 Joppa Rd,
Ridgeway VA 24148

276-358-2378
www.InfinityAcres.org

CAMPER INFORMATION

Camper Name

One form per camper; download additional forms at www.infinityacres.org

CONFIDENTIAL – Attention: Camping Committee

Phone 276-358-2378

First Name _____

Last Name _____

Name Known by _____ Gender _____ Birth Date ____ / ____ / ____

Current Grade (2021-22) _____ Age of Child on Jan 1, 2021 _____

Camper Address _____

Street _____

City _____

State _____

Zip _____

Primary Phone _____ Secondary Phone _____

Type _____

Type _____

Does camper participate in Llama 4-H Club? Yes No

Has camper attended Infinity Yes No

Acres camp before? Day Camp: _____ Dates: _____

If yes, how many years? Yes No

PRIMARY PARENT INFORMATION

Parent/Guardian 1

Parent / Guardian Name _____ Relationship: _____

Contact phone _____ Cell Phone _____

Address: _____

Email: _____

Employer: _____

SECONDARY PARENT INFORMATION

Parent/Guardian 2

Parent / Guardian Name _____ Relationship: _____

Contact phone _____ Cell Phone _____

Address: _____

Email: _____

Employer: _____

CAMP ENROLLMENT

CAMPER WOULD LIKE TO ATTEND THE FOLLOWING SESSIONS (check all that apply):

Families are responsible for transportation!!

_____ Session 1 &/or 3 Special Abilities: (DD, ASD, ADHD) (higher staff ratio & accommodations)

(call for Sponsorship details) **Free** for qualifying Low Income Families (\$50 RETAINER FEE WILL BE REFUNDED

UPON ATTENDING) SPONSORED BY MOLINA INSURANCE Or \$250 FOR SELF PAY

4 DAYS, 9 AM- 1 PM Lunches, Crafts & snacks are provided.

_____ Session 2 &/or 4: All Inclusive

Monday – Friday 9:00 a.m. – 2:00 p.m. Lunches, crafts & snacks are provided.

FAMILY & LIFE CIRCUMSTANCES

Does this child receive Medicaid Insurance or Food Stamps? _____ Yes _____ No

Number and ages of siblings in the home:

Has this camper ever received a scholarship for Animal Adventure Camp before?

Yes No If yes, what year(s) and camp?

Why is a scholarship needed in order for this camper to attend camp? List any extenuating circumstances. Include financial hardships & income level, single family household etc.

How will this camper benefit from receiving a scholarship? Please elaborate.

What other activities will this camper be involved in this summer?

(For example family vacations, church camp, vacation bible school, school programs, etc.)

DEADLINE DATE FOR SCHOLARSHIP APPLICATIONS IS 6/1/21

FULL Camp Sponsorship for Special Needs Camp is provided by MOLINA Insurance (formerly Magellan Complete Care for children that are in a low income situation or receive Medicaid. (a retainer fee of \$50 will be refunded upon attendance to camp)

Other Camp Scholarship Guidelines

A limited number of financial need scholarships are available to boys and girls who want to attend Animal Adventure Camp at Infinity Acres Ranch. Due to the high request rate, full scholarships are not awarded. To apply, complete and send the Scholarship Application with Camp Registration and deposit of \$25. After scholarships are awarded, the remaining balance is to be paid 14 business days before the camp session begins. If the scholarship amount isn't enough financial assistance, and your child will not be attending camp, the deposit is fully-refundable if you notify us 14 days prior to the session.

Camp scholarships are available to **pay a portion** of the camp fee for youth that would benefit from the camp experience and would not be able to attend camp otherwise. All information will remain confidential. The review committee makes every effort to distribute available money fairly to assist as many youths as possible. Scholarships are made regardless of race, religious, socioeconomic status, disability, sexual orientation, or other aspect of diversity.

This form is confidential. Mail in an envelope marked "**Confidential – Attention: Camping Committee**" to **Infinity Acres Ranch 136 Joppa Rd Ridgeway VA 24148**.

Signature of Parent/Guardian

Date