INFINITY'S CAMP SCHOLARSHIP APPLICATION

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

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

CONFIDENTIAL - Attention: Camping Committee

Phone 276-358-2378

Friends of Infinity Acres Ranch Animal Adventure Camp 136 Joppa Rd, Ridgeway VA 24148 276-358-2378 www.InfinityAcres.org



CAMPER INFORMATION						
Camper Name						
First Name		Last Name				
Name Known by		Gender		Birth Date_	/	/
Current Grade (2025-26)		_ Age of Chi	ild on Jan 1	, 2025		
Camper Address						
Street		City		State	Zip	
Primary Phone		_ Secondary	Phone _			
Does camper participate in Llama	Type 4-H Club?	☐ Yes	□ No		Туре	
las camper attended Infinity	-	□ Yes	□ No			
Acres camp before?	Day Camp:		_	s: _		
If yes, how many years?		□ Yes	□ No	-		
PRIMARY PARENT INFORMATION					Parent/Gu	ardian
Parent / Guardian Name						
ontact phone						
ddress:						
imail:						
Employer:						
SECONDARY PARENT INFORMAT	ION				Parent/Gu	ardian 2
Parent / Guardian Name			Relationship):		
Contact phone						
Address:						
mail:						
Employer:						
CAMP ENROLLMENT						
CAMPER WOULD LIKE TO ATTEND TH		ONS (check o	all that app	ly):		
amilies are responsible for transport	ation!!					
Session 1 Special Abilities: (DD	ASD ADHD\ (higher	staff ratio) 1/ [)avs Mon – 1	Thurs 0 am = 1	nm	
call for details) Free /Full Scholarship			•		•	DED
JPON ATTENDING) SPONSORED BY I			-			
·						
Session 2: All Inclusive for \$20	•	, .		ies (\$50 RETA	INER FEE V	VILL
BE REFUNDED UPON ATTENDING) SE						
Monday – Friday 9:00 a.m. – 2:00 p.m	. Lunches, crafts &	snacks are pro	ovided.			

FAMILY & LIFE CIRCUMSTANCES					
Does this child receive Medicaid Insurance or Food Stamps?YesNo 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 explain.					
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 SCHOLARHIP APPLICATIONS IS 7/1/25 (HURRY! LIMITED SCHOLARSHIPS AVAILABLE!)

FULL Camp Sponsorship for 10 Special Needs Campers & 10 Partial Scholarships Inclusive Campers is provided by MOLINA HEALTHCARE

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 \$50. 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 for** 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