

CBJ Kids to Camp Scholarship Application

The CBJ Kids to Camp Scholarship Fund was established by the family of Cammie B. Johnson, a young woman who passed away just before her 21st birthday from complications of diabetes. Cammie spent many summers at Camp Sioux and Camp Needlepoint, also serving as a camp counselor and mentor for younger children experiencing the difficulties of living with diabetes.

This scholarship allows applicants to attend summer camps specifically designed for children with diabetes. The camp must be a qualified 501(c)(3) non-profit organization. This application and a list of qualifying camps is available on our website at www.cfdunncounty.org. Scholarships are awarded in accordance with the policies and procedures of the Community Foundation of Dunn County.

Scholarship amounts range from \$300 up to \$850 and are paid directly to the camp unless otherwise approved by the Community Foundation of Dunn County, Inc. Any income tax liability that could result as the result of a direct tuition reimbursement is the responsibility of the applicant or parents as may be applicable.

Scholarship Requirements:

- The chosen camp must be certified by the American Diabetes Association
- Submit a completed Application Form (attached)
- Include brochures or other official information describing the camp program
- Provide a copy of the completed camp registration form
- Provide a copy of the oddslot camp's acceptance notification
- **Essay** (typed, 250 500 words) describing how being able to attend camp will (1) make a difference in your life and (2) how you can use the camp experience to help other young people facing the challenges of living with diabetes.

Submit completed applications and related materials at least (8) weeks prior to the scheduled camp to:

Community Foundation of Dunn County
PO Box 498
500 Main Street #322
Menomonie, WI 54751

For questions or more information call 715.232.8019 or e-mail grants@cfdunncounty.org



CBJ Kids to Camp

Scholarship Application Form

Applicant Information:

| Name | | | |
|--|---|--|---|
| Last | First | Middle Initial | Preferred Salutation |
| Mailing Address | | | |
| County of Residence | | School Name | |
| E-mail | | Home Telephone | |
| Gender | | Date of Birth | |
| How did you hear about th | nis opportunity? | | |
| Camp Information: | | | |
| (Please attach information | about the camp – broch | ure and/or other informati tc. You may include printed | on that provides details |
| knowledge. I understand the granted. I understand that instructions and will complete. | hat falsification of inform incomplete applications ly with all requests for do ndation of Dunn County (| ation is complete and accur nation will result in terminat may not be considered. I co ocumentation. Should I rece (CFDC) of any change of plan the Foundation. | tion of any scholarship ertify that I have read the ive a scholarship, I will |
| qualified camps. (Qualified | camps are those that ar | ed toward the published cos e specifically designed for y tional, athletic, or other typ | outh and young adults |
| Applicant Signature | | Date | |
| Signature of Parent or Gua | urdian (if applicant is und | | |