



OGLEBAY INSTITUTE 2010 SUMMER DAY CAMP SCHOLARSHIP APPLICATION

Please complete all relevant questions and return the completed application with your camp registration form to the address listed. Scholarships are based on need, merit and timeliness of application. Due to the number of scholarship requests received, no full scholarships are awarded. Only partial scholarships will be awarded.

Please complete a separate form for each scholarship applicant. Due to the high demand for scholarship assistance, please limit your request to no more than 3 weeks of camp. You will be notified in writing regarding any award.

PLEASE NOTE SCHOLARSHIPS ARE ONLY AVAILABLE FOR CAMPS WHICH RUN THE FULL DAY (9 AM TO 3 PM).

APPLICATION DEADLINE: Saturday, May 22, 2010

Applications postmarked after this date will not be considered.

Name of applicant: _____ Age: _____

What grade is the child entering for the 2010-2011 school year? _____

Has applicant attended any OI Day Camp before? Yes No

Has applicant received scholarship assistance before? Yes No

A completed registration MUST ACCOMPANY this scholarship application, along with a \$10.00 good faith deposit for each week of camp requested. No full scholarships will be awarded.

A registration form is attached which indicates my interest in the following camping programs:

- Nature Day Camps - Schrader Environmental Education Center
- Visual Art Day Camps - Stifel Fine Arts Center
- Acting & Performing Arts Day Camps - Stifel or Towngate
- Dance Day Camps
- Summer Intensive in the Arts

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

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

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)

Please list two references, their relationship to you, and a telephone number for each.

Parent/Guardian's Name: _____

Address: _____

Daytime Phone #: _____ Evening Phone #: _____

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.