



## OGLEBAY INSTITUTE 2009 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. 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: Friday, May 15, 2009**

**Applications postmarked after this date will not be considered.**

Name of applicant: \_\_\_\_\_ Age: \_\_\_\_\_

What grade is the child entering for the 2009-2010 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, which outlines the department, dates and title of camp(s) you are applying for.**

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

- Nature Day Camps
- Stifel Art Day Camps
- Acting-Performing Arts Day
- Dance-Performing Arts Day

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

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

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**Please check one of the following ranges of *total* yearly family income:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Less than \$13,000  | <input type="checkbox"/> \$13,000 – \$18,000 | <input type="checkbox"/> \$18,000 - \$22,000 |
| <input type="checkbox"/> \$22,000 – \$27,000 | <input type="checkbox"/> \$27,000 – \$31,000 | <input type="checkbox"/> \$31,000 - \$36,000 |
| <input type="checkbox"/> \$36,000 – \$40,000 | <input type="checkbox"/> \$40,000 - \$45,000 | <input type="checkbox"/> More than \$45,000  |

**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.**

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**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.**