Calling all middle schoolers!

Coming to Camp Venture this summer? Did you know the Willamalane Park and Recreation District offers a special scholarship during the summer designed specifically to Springfield residents ages 11-14 the opportunity to attend Camp? Read below for the scholarship process and qualifying information, and get your application in today!

In order to qualify for this special scholarship, the following requirements must be met:

- Parents/guardians and child must live within the Willamalane Park and Recreation District official boundaries, and must provide proof of residency.
- Proof of residency accepted forms: current utility bill, mortgage statement, or valid Oregon State Driver’s License/ID card.
- Child must meet the age requirements set for Camp Venture.

After the scholarships have been awarded, recipients have one week to register for camp and choose the weeks of attendance. Failure to do so will result in the scholarship being revoked and given to another eligible participant. This scholarship can be used for weekly fees only, and does not apply to the Camp Venture $35 pre-registration fee, which all participants must pay at the time of registration. Camp Venture scholarship cannot be used in combination with any other discount or scholarship, and can only be used during weeks 3-10 of Camp Venture.

Scholarship winners must attend four out of the five days in the weeks awarded. Failure to meet these attendance expectations for any two of the awarded weeks will result in subsequent weeks being revoked. If a scholarship winner is removed from camp for any reason or is not meeting expectations agreed upon by all campers, the scholarship will be revoked.

If you are interested in applying for the Camp Venture scholarship program, please fill out the attached form completely. The application deadline to turn in all materials required is 5pm on Friday, May 10, 2019. Applications will be reviewed and selections will be communicated to recipients no later than Friday, May 31, 2019.

Please direct questions to the Bob Keefer Center at 541-736-4544. Applications can be mailed or submitted in person to the Bob Keefer Center, 250 S 32nd Street, Springfield, Or 97478.

See you for Camp Venture!

Camp Venture scholarships must be received by the Bob Keefer Center front desk by the deadline of Friday, May 10, 2019 at 5pm to be considered!
Camp Venture Scholarship Application Form
(Incomplete packets will not be considered.)

Camper’s name ___________________________  Nickname __________________

Age _____  Grade (completed as of June 2019) ___________  School you attend ___________

Address __________________________________________________________________________

Parent or guardian name ______________________________________________________________

Home phone ___________  Work phone ___________  Email _________________________________

Employer name and address ______________________________________________________________________

Have you been awarded a Camp Venture scholarship in the past?  Yes  No

Which weeks (3 – 10) are you requesting scholarship for? ________________________________________

Total Household Monthly Net Income * ________________________________

* Monthly Household Income (includes all income of all household members): Salary, Social Security, Public Assistance, Child Care Assistance, Unemployment Insurance, Child/Spousal Support, Pension/Retirement and other sources of income combined.

Total family/household members ____________________________________________

Please furnish a copy of two of the following information documents:

(These documents do not guarantee or disqualify you from being awarded a scholarship.)

___ Oregon Health Plan document  ___ Current Oregon Trail card  ___ Paystubs  ___ Unemployment Benefits

Please furnish a copy of one of the following for proof of residency:

__ Utility bill  ___ Mortgage statement  ___ Valid Oregon State driver’s license/ID card

PLEASE READ THE FOLLOWING BEFORE SIGNING

1) I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary to arrive at a qualification decision for the Camp Venture Scholarship Program.

2) I agree to abide by camp contracts, and follow guidelines and expectations set in Parent Handbook.

Signature (parent or guardian) _______________________________ Date _________

Camper Signature _______________________________ Date _________

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Scholarship Application Form
(Incomplete packets will not be considered.)

Camper Essay  (To be filled out by the student/camper applying for program.)

Please write an essay on why you would like to attend Camp Venture. Include how you could benefit from attending as well as why Camp Venture would benefit from having you as camper. Essay must be at least 250 words to be considered.

Camper Signature ____________________________ Date ____________

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Parent Questionnaire (To be filled out by the parent/guardian of camper applying for program.)

1) How do you think this camp could benefit your child?

2) How will you ensure that your child will be at camp every day no later than 8:30 a.m.?

3) Please check the following areas that you feel would benefit your child.

___ make new friends  ___ see new places  ___ build his/her self-esteem
___ learn new activities  ___ experience new ideas  ___ learn to work on a team
___ help others  ___ challenge his/her limits  ___ learn more self-control
___ stay out of trouble  ___ other________________________________________

4) What would your child be doing this summer if they did not attend this camp?

Parent/guardian signature____________________________________________________ Date_______

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