

Camp Kindle will award at least 5 scholarships annually in the range of \$100.00 to \$10,000.00, based on available resources, for higher education to students who are infected with HIV or AIDS, have a parent or sibling infected with HIV or AIDS or who have lost a parent or sibling to HIV or AIDS illness and who demonstrate leadership in community activities, school activities, scholastic achievement and are residents of the 50 United States or the District of Columbia.

You may apply to the Camp Kindle Students Affected By AIDS Scholarship if you will be attending an undergraduate or graduate course of study in the fall at an accredited two or four year college, university or vocational-technical school. This includes those students currently enrolled in an undergraduate or graduate course of study and has one or more years of school remaining. To apply for a Camp Kindle Students Affected By AIDS Scholarship, you must comply with the application checklist at the end of this form.

SCHOLARSHIP STUDENT APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES

APPLICANT DATA

Name: _____
Camper Applicant is: HIV Positive ___ HIV Negative ___ AIDS Diagnosis: Yes ___ No ___
Is camper applicant living with an infected family member? Yes ___ No ___
If so, what is the relationship(s) to Camper Applicant: _____
Has applicant lost a family member(s) to an AIDS related illness? Yes ___ No ___
If so, what is the relationship(s) to Camper Applicant: _____
Permanent Residence: Street: _____ Apt# _____
City: _____ State: _____ Zip: _____
Phone Number: (_____) _____ Alternate Number: (_____) _____
SOCIAL SECURITY NUMBER _____

Please indicate your status. (For statistical purposes only.) o Male o Female
o Alaskan Native/American Indian o Asian o Pacific Islands/Native Hawaiian
o African American/Black o Hispanic/Latino o White
Age: _____ Date of Birth: _____

Name of Individual who can verify that applicant is either infected or affected by HIV/AIDS.
(must be a licensed individual in the health care field)

Name: _____
Phone Number: (_____) _____
Address: _____

HIGH SCHOOL SENIOR STUDENT DATA GRADUATION DATE/DATE GED WAS
OBTAINED:

Month _____ Year _____

High School Attending/Attended: _____

IF CURRENTLY IN HIGH SCHOOL, THIS SECTION MUST BE COMPLETED AND SIGNED BY HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR at the end of grade 11 (or grade 12 if you have graduated high school and not completed at least one term at a post-secondary school).

Applicant's rank _____ in a class of _____ students
Cumulative unweighted grade point average _____ / 4.0 scale
Cumulative weighted grade point average _____ / 4.0 scale

Principal or Guidance Counselor signature Title

COLLEGE/POST SECONDARY STUDENT DATA

Name of college you attend or plan to attend.

City _____ State _____ Zip _____

- 4 yr. College or University
- 2 yr. Community or Junior College
- Vocational-Technical School
- Other: please specify _____

Year in post-high school program next school year:

1 2 3 4 5 or Graduate Study

Major or course of study _____

Anticipated date of graduation _____ Month/Year

Current college cumulative grade point average (4.0 scale) _____

Degree sought: Bachelor Associate Certificate Other

How did you first hear about this scholarship?

(PLEASE SPECIFY)

GRADUATE SCHOOL DATA

Name of post-secondary school you attend or plan to attend. Use official school name. Do not use abbreviation.

City _____ State _____

Areas of Study

Year in school next year: 1 2 3 4 5 or Graduate Study Expected graduation date:

Month _____ Year _____

IF YOU ATTACH ADDITIONAL SHEETS, THE BELOW FORMAT MUST BE USED AND DO NOT REPEAT ACTIVITIES.

SCHOOL COMMUNITY AND VOLUNTEER ACTIVITIES

1. SCHOOL ACTIVITIES

List all school activities in which you have participated during the past 4 years (e.g. student government, theatre, music, sports, etc.). Indicate all special awards and honors. List all leadership positions and offices held. Check academic years during which you participated.

2.COMMUNITY AND VOLUNTEER SERVICES

List all community and volunteer activities in which you have participated without pay during the past 4 years (e.g. Blue Cross, Big Brother/Big Sister, Youth Group, volunteer at nursing home, recycling project, etc.). Indicate all special awards and honors. List all leadership positions and offices held. Do not list any paid work. Check the academic years during which you participated.

Activity Special Awards/Honors Leadership Positions/Offices Held

Activity Special Awards/Honors Leadership Positions/Offices Held

GOALS AND ASPIRATIONS

Write a brief essay (100-200 words) on your goals as they relate to your 1-Education, 2-Career, and 3-Future Plans.

YOUR HISTORY WITH HIV/AIDS

In a brief essay (100-200 words) write how HIV and AIDS has impacted your life.

FINANCIAL NEED

Please briefly describe personal/family financial need.

LETTERS OF RECOMMENDATION

Applicant must submit 3 letters of recommendation with application. These recommendations can be mailed separately to the address below. The letters of recommendation should not come from family members.

APPLICATION CHECKLIST

This scholarship application becomes complete and valid only when you have enclosed the following materials:

- o Student Application
- o Essays/Goals and Aspirations, History with HIV/AIDS and Financial Need
- o High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades with test scores; or
- o Students currently or previously enrolled in college, graduate school, or vocational-technical school must include all university or vocational-tech transcripts of grades.
- O Letters of Recommendation (3)

(TRANSCRIPT, INCLUDING GRADING SCALE, MUST BE ENCLOSED WITH APPLICATION)

Mail To: Camp Kindle
Students Affected By AIDS Scholarship
PO Box 81147
Lincoln, NE 68501
1-877-800-2267

SELECTION OF RECIPIENTS

The Camp Kindle Board has the sole responsibility for selecting recipients.

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted. This application is the sole property of Camp Kindle.

Applicant's Signature _____ Date: _____
Parent's Signature _____ Date: _____

OFFICIAL RULES

In order to be eligible for a scholarship, applicants must complete the application form in its entirety and return it to Camp Kindle by the entry postmark deadline, (TBA). All applications will first be screened to be sure that they are in fact infected or affected by HIV and AIDS. Secondly, they will be screened on the basis of leadership responsibilities in community activities and school activities and on grade point average. Scholarship recipients will be selected on the basis of the number, length of commitment, and quality of leadership responsibilities in community activities and school activities, awards and honors, a clear statement of education and career goals, and academic record. Three letters of Recommendation must be submitted either with this application or sent in by mail to Camp Kindle before application will be taken into consideration. Camp Kindle will have sole responsibility for the selection of recipients and its decision will be final. Recipients will be notified by mail. Void where prohibited. All federal, state, and local laws, and regulations apply. Recipients shall be responsible for any and all taxes. Recipients will be required to sign and return an Affidavit of Eligibility/Release of Liability. Acceptance of scholarship constitutes permission to use recipient's name and/or likeness for purposes of advertising and trade without any further compensation, unless prohibited by law. No transfer of scholarship is permitted. Offer open to residents of the 50 states and District of Columbia who plan to attend an accredited post-secondary school in the Fall of this year and enroll in an undergraduate or graduate course of study. Names of recipient will be posted on the Camp Kindle website at www.campkindle.org.

ENTRY POSTMARK DEADLINE

August 1st