



SCHOLARSHIP PROGRAM APPLICATION PACKET

The deadline for application submissions is June 1st

The **Silver State Sports Camps**, Camp Scholarship Program provides scholarship opportunities for children between the ages of 6 -13. If awarded, this scholarship allows the winner to attend one of Silver State Sports Camps Summer events, free of charge or at a discounted rate.

Application requirements: *(please read carefully before filling out application)*

- ◆ Any child between the ages of 6-13 may apply for any of the available camp scholarships listed on the Silver State Sports Camps website (Non-Silver State Sports Camps events that are on the Silver State Sports Camps calendar do not apply to this program so please do not list any as a choice on your application).
- ◆ Applicants must list their order of preference for available camps. Please note: Although it is the intention of Silver State Sports Camps to fulfill the requests of all applicants, the winning applicant will not always be awarded a scholarship to their "first choice" of camps. In this instance, if it is determined by the parents of the winner that their child will not be able to attend the camp they were awarded the scholarship for, a new winner will be chosen.
- ◆ If an athlete applies for and receives a scholarship to a camp outside of his or her area (i.e. - They will be coming from out of town), the Silver State Sports Camps Scholarship will not cover any travel expenses that the participant and their parents may incur during their travels. The Scholarship only covers the camp fees.

Application instructions:

- ◆ Section 1: must be completed **in full** by the perspective camper.
- ◆ Applicants must attach (2) letters of recommendation from a coach and/or a community leader (i.e. – a teacher, after school program counselor, etc.).
- ◆ Section 2: must be completed **in full** by a parent or legal guardian.
- ◆ **Applications must be received no later than June 1st**
- ◆ Please mail the completed application to:

Silver State Sports Camps
Camp Scholarship Program
PO Box 18083
Reno, NV 89511

****LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

For help or questions about this program please contact:
silverstatesc@yahoo.com or call 775.997.9541



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SECTION 1 – To be completed in full by the prospective camper:

PLEASE REMEMBER TO SUBMIT A BRIEF RECOMMENDATION LETTER FROM YOUR COACH OR COMMUNITY LEADER (I.E. – YOUR TEACHER, AFTER SCHOOL PROGRAM COUNSELOR, ETC.).

At what age did you first start playing your chosen sport(s)?

How did you become interested in playing your chosen sport(s)?

What do you like most about playing your chosen sport(s)?

Why would you like to attend a Silver State Sports Camp this summer?

Camper Signature:

Date:



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SECTION 2: To be completed in full by prospective camper's parent or legal guardian:

Camper's Name:

Camper's Home Address:

Camper's Home Phone #:

Parent's / Legal Guardian's Name:

Parent's / Legal Guardian's Daytime Phone #:

Camper's Birth Date (month/date/year) and Age:

Camper's Current School:

Are there any dates between June 1 and August 31 when the camper will be **unable** to attend a camp?
Please list:

Camp Preferences:

Please refer to the camp calendar for a list of available camps and list the camper's top three choices.

Please include name, date and location of camp. You may apply for camps for different sports.

Silver State Sports Camps does not guarantee camper attendance at their preferred camp

Choice for camp (Silver State Sports Camps events only please):

First choice:

Second choice:

Third choice:



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What is your gross annual household income?

Please list all financial circumstances that you would like to have considered as a basis for recommending this applicant for a scholarship (i.e. – multiple siblings, out of work, single parent, etc.).

I certify that the financial situation of the child nominated warrants that he/she be given the opportunity to attend a Silver State Sports Camp free of charge or, for a reduced tuition cost.

Parent / Legal Guardian (please print)	Parent / Legal Guardian Signature	Date
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Street Address	City	State	Zip Code
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Home Phone #	Work Phone #	Cell Phone #
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Email Address

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