

2021 “BE THE CHANGE” CAMP APPLICATION



THE JO-NATHAN FOUNDATION

PO BOX 85711 ♦ Lexington, SC 29073 ♦ 864-617-6850

"BE THE CHANGE" LEADERSHIP CAMP GUIDELINES

COVID-19 Guidelines

- The Camp Long staff have added COVID-19 protocols to ensure that campers and staff are safe during their stay.
- The Jo-Nathan Foundation staff will implement the most restrictive guidelines and will always adhere to direction from the Center for Disease Control, along with State and local government officials.
- Camp Longs housekeeping division will disinfect all areas and housing throughout the day.
- Cafeteria Protocols: Portable sneeze guards have been installed on all tables in the dining hall and seating has been marked to ensure that all campers are properly social distancing.
- All staff members are required to wear mask throughout programming and hand sanitizer has been installed in all general areas of the camp.
- COVID-19 Guidelines will be posted.
- Note: This camp may be canceled if COVID-19 or any other condition(s) occur that may impact the safety of anyone attending the camp.

Camp Overview

The Be the Change Leadership Camp is a very interactive four-day camp for 75 youth ages 12-16 and will be held at Camp Long in Aiken, SC. The goal of this camp is to provide these young people with the opportunity to engage in various activities and exercises where they will develop leadership, teamwork, and communication skills. We will place a great deal of emphasis on processing each scenario and having open dialogue with the youth about things that were done well and areas where improvement could be warranted. The camp objective is for each youth to develop his/her own plan during this four-day camp that enables them to go back into their community and create some type of positive change. Whether that is an anti-bullying campaign, a neighborhood clean-up program, or whatever these young people would like to address in their community; we will assist them in creating the plan.

Selection

Scholarship recipients - known as The Jo-Nathan Scholars - are determined each spring by the organization's executive committee and by the Jo-Nathan Foundation Board of Trustees for scholarships. Recipients receive notification of their selection within 35 days of the application's postmark date. The date for the actual camp is June 24-27, 2021.

The Application Package

Consideration will be given only to candidates submitting complete application packages, which include: (1) a completed Jo-Nathan Foundation application form (copies are acceptable); (2) if in high school a copy of your high school transcript, if in elementary or middle school a copy of your most recent report card; (3) Short Answer Questions; (4) parent(s)/ guardian(s); and (5) Application Reference.

*Complete application packages **MUST BE POSTMARKED NO LATER THAN April 25, 2021** and submitted to The Jo-Nathan Foundation address listed below. **ACCEPTED CAMPERS MUST ATTEND THE ENTIRE CAMP.** If you cannot attend the entire camp then consideration will be given to another student. Incomplete or inaccurate applications returned to the Jo-Nathan Foundation Scholarship Committee are in violation of procedures and will not be considered for scholarship support.*

Mail Application(s) to:

THE JO-NATHAN FOUNDATION
PO BOX 85711 ♦Lexington, SC 29073

In lieu of mailing, complete application packages may also be scanned and emailed (by the due date) to the following email addresses:

- Kim Smith: kes323516@gmail.com
- Terrence Cheatham: tocheatham@gmail.com
- Kolinski Simpkins: kolinski.simpkins@gmail.com
- Reggie Simpkins: reggie@reggiesimpkins.com

SCHOLARSHIP APPLICATION

Instructions: Please fill out **ALL** portions of the application and mail to the address listed above:

Student Name: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birth Date: _____ Age: _____ Gender: _____ Race _____

T-Shirt Size _____ Parent's Email Address: _____

School Name: _____

School's Phone Number: _____ Grade: _____

Medical History

Name of Primary Care Physician: _____

PCP Phone Number: _____

Health Insurance Company _____

Group ID/Policy # _____

Is the camper allergic to any medications? (Please list)

Any other allergies and/or Dietary restrictions: _____

Medications

Please list any and all medications this student will be taking during the hours of camp. All medications should be delivered to Be The Change Camp staff upon check-in. The designated medical personnel will administer medications as prescribed per parent's/guardian's permission. Medicine will not be dispensed unless the following guidelines are met:

- Prescription medications must be in the original pharmacy-labeled container or the original manufacturer's container, and must have the student's name on the container.
- Any doctor's office samples must be accompanied by a signed physician prescription.
- Please limit the amount of medication to only what is required for your student's term at camp.
- Our camp provides most common over-the-counter medications, which will be dispensed per parent's/guardian's permission for each camper.

Please list all medications that will be administered at camp:

Name of Medication	Strength	Dosage	Frequency	Special Instructions

Has student been hospitalized in the past year? o Yes o NO If yes, please explain briefly:

Any additional concerns or conditions of which we should be aware?

Special Education Services

If you have a disability that requires accommodations, please complete a specific request below.

Accommodations Needed

Parent/Guardian Section

Parent/Guardian: Please complete the following information and return with your child's application. The application will not be processed if this information is not completed.

Does your child receive/qualify for free or reduced school lunch? ___ Free ___ Reduced ___ No

Does your child attend a public school? _____yes _____no

Parent/Guardian: Please complete the following information and return with your child's application. The application will not be processed if this information is not completed.

Instructions:

For each of the following statements, please rate your child on a scale of 1 to 5.

1-Never describes my son or daughter

2-Rarely describes my son or daughter

3-Occasionally describes my son or daughter

4-Usually describes my son or daughter

5-Always describes my son or daughter

My son or daughter takes responsibility for his/her actions, good and bad.

1 2 3 4 5 Don't Know

My son or daughter can be trusted to follow through on things he/she is interested in.

1 2 3 4 5 Don't Know

I feel that my son or daughter may be at risk for dropping out.

1 2 3 4 5 Don't Know

My son or daughter demonstrates potential leadership skills.

1 2 3 4 5 Don't Know

My son or daughter does not have disciplinary problems.

1 2 3 4 5 Don't Know

My son or daughter works well with adults.

1 2 3 4 5 Don't Know

My son or daughter can handle the responsibility of staying at an overnight camp.

1 2 3 4 5 Don't Know

My son or daughter works well in-group settings.

1 2 3 4 5 Don't Know

My son or daughter interacts positively with peers.

1 2 3 4 5 Don't Know

Please use the following lines to make any additional comments.

I attest that all information in the application is accurate and I give my permission for the information to be verified as needed by my child's school.

Signature of Parent/Guardian

Date

Print Name

Photo/Video Permission Form

As a parent or guardian if this camper, I hereby consent to the use of photography or videography captured during the Be the Change Leadership Camp to be used for publicity, promotional, and/or educational purposes. This might include publications, website, internet, newspaper or media services.

____ Yes, I give consent for the Jo-Nathan Foundation to photograph/video my child during the Bethe Change Leadership Camp with no claims for compensation.

____ No. I do NOT authorize the Jo-Nathan Foundation to photograph/video my child during the Be the Change Leadership Camp.

Parent/Guardians Name (Printed)_____ Date:_____

Parent Guardians Signature_____

Camper's Name (Printed):_____

Application Reference

Student: The reference sheet must be completed by an adult and it cannot be a relative. It should be someone such as teacher, counselor, coach or etc. ALL APPLICANTS MUST HAVE THE REFERENCE FORM COMPLETED AND RETURNED!

Reference: The reference is a required part of the scholarship application process. Please complete the following reference sheet at your earliest convenience and include with the completed application or mail directly to The Jo Nathan Foundation at:

The Jo-Nathan Foundation

PO Box 85711

Lexington, SC 29073

Student Name: _____

Reference Name: _____

Relationship to Student: _____ How Long: _____

Reference Phone Number: _____

Instructions:

For each of the following statements, please rate the student on a scale of 1 to 5.

1-Never describes student

2-Rarely describes student

3-Occasionally describes student

4-Usually describes student

5-Always describes student

This student takes responsibility for his/her actions, good and bad.

1 2 3 4 5 Don't Know

This student can be trusted to follow through on things he/she is interested in.

1 2 3 4 5 Don't Know

I feel this student may be at risk for dropping out.

1 2 3 4 5 Don't Know

This student demonstrates potential leadership skills.

1 2 3 4 5 Don't Know

