



THE JO-NATHAN FOUNDATION

THE JO-NATHAN FOUNDATION CAMP OF YOUR CHOICE
SCHOLARSHIP GUIDELINES AND APPLICATION

APPLICATION CHECKLIST

(Disclaimer Note: This checklist is provided for the sole purpose of assisting the applicant in the self-review process prior to submission. Applicants who fail to submit all required documentation by the due date will NOT be considered.)

<input type="checkbox"/> I have completed ALL portions of the application. Failure to complete all portions of the application will result in your application NOT being considered.
<input type="checkbox"/> I have included a copy of my most recent official high transcript or if I am in elementary or middle school, I have included a copy of my most recent report card
<input type="checkbox"/> I have included verification from my school showing that I receive free or reduced lunch
<input type="checkbox"/> I completed all short answer questions
<input type="checkbox"/> The parent/guardian section has been completed
<input type="checkbox"/> The reference section has been completed by someone who is not a relative. <i>The reference should be completed by a teacher, counselor, community member, etc.</i>
<input type="checkbox"/> I have included information about the camp(s) of my interest. <i>Please include a brochure or print off some information from the camps website that will support the review of your camp scholarship request by the review committee.</i>

My application is complete.

SCHOLARSHIP GUIDELINES

The Jo-Nathan Foundation (JNF) mission is to inspire youth ages 12-17 by providing opportunities to attend summer camps and other educational activities via tuition or fee sponsorship. The foundation is devoted to partnering with existing organizations with a common goal of helping youth in their surrounding communities. The Jo-Nathan Foundation will strive to provide the opportunity to attend various summer camps and activities that inspired Jo-Nathan, and the Founders of the Foundation. Our hopes are that if a young person receives this scholarship to attend a camp or educational experience, it will aid in that young person to make positive steps toward a productive future. Whether it is a camp focused on science, SAT prep, cheerleading, art, or whatever interests your child, The Jo-Nathan Foundation is committed to making this opportunity possible through scholarships and financial assistance.

COVID-19 Protocols: COVID-19 guidance is subject to the camp that a parent/guardian chooses to attend. The Jo-Nathan foundation is not liable for any COVID-19 guidance or safety protection that is not implemented by the camp chosen by the parent, guardian, or youth.

Selection

Scholarship recipients - known as The Jo-Nathan Scholars - are determined each spring by the organization's review committee for scholarships. Recipients receive notification of their selection within 14 days of the application's postmark date.

Awards

Based on the need, the family income, and the Jo-Nathan Scholars budget, The Jo-Nathan Foundation may pay all or a portion of the cost of the camp. **Distributions of awards are made at the discretion of the Jo-Nathan Foundation Scholarship Committee, which is comprised of the executive committee and the Jo-Nathan Foundation Board Trustees, upon proof of a completed application and reference verification.**

The Application Package

Consideration will be given only to candidates submitting complete application packages, which include: (1) scholarship application form; (2) Short Answer Section Question; (3) Short Answer Questions; (4) Parent/Guardian; and (5) Application Reference

Complete application packages must be submitted to The Jo-Nathan Foundation address listed below. 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 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 address:

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

NOTES:

- **Files larger than 2.5 MB may need to be zipped or reduced to ensure delivery.**
- **Please submit single sided copies of the application**

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: _____

School Name: _____

School's Phone Number: _____ Grade: _____

A copy of your high school transcript: Yes _____ No _____ N/A _____

A copy of your most recent elementary report card: Yes _____ No _____ N/A _____

A copy of your most recent middle school report card: Yes _____ No _____ N/A _____

Please check all the summer camp programs that have your interest:

____ Specific Camp - List name of camp _____

____ General ____ Outdoor ____ Leadership

____ Athletic - What sports interest your child?

____ Arts - What types of art interest your child? _____

____ Music - What type of music (chorus, band, or dance) interest your child?

____ Technology/Science - What subjects interest your child? _____

____ Other - What camp interest your child? _____

Short Answer Question

Student: All applicants must answer question# 1 in one paragraph. Then select one of the following questions listed below and write a brief essay in the space provided. It must be in your own words and handwritten. The essay should be at least one to two paragraphs and should fill this page. You may attach an additional sheet if needed.

1. Why should you receive a Jo-Nathan Foundation Scholarship to attend a camp of choice? (All applicants must answer)
2. Name a place that you would like to visit. Explain why and how you would get there.
3. What is your strongest and weakest school subject?
4. What is your favorite extracurricular activity and why?
5. What do you want to be when you graduate from high school?

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

*Note * Please contact your child’s school to provide verification of receiving free or reduced lunch. Applicants who fail to submit this documentation by the due date **cannot** be considered. If your child does not receive free or reduced lunch, then provide an explanation and verification of why you feel that he/she deserves to receive this scholarship.*

Please circle the family’s total household annual income:

Less than \$25,000 _____ \$25,000-\$40,000 _____ \$40,000-\$60,000 _____ Over \$60,000 _____

Does your child attend a public school? yes no

Are there any dates from June 1 to August 31 when your child will be unable to attend a summer camp? If so, please list the dates below that you child will not be able to attend.

Please select which type of program your child will be attending.

Day Camp Overnight Camp Either

Specific Camp - Please write name of camp here _____

General Outdoor Leadership

Athletic - What sports interest your child? _____

____ Arts - What types of art interest your child? _____

____ Music - What instruments interest your child? _____

____ Technology/Science - What subjects interest your child? _____

____ Other - What camp interest your child? _____

Please provide the website or contact information for the camp your child wishes to attend below:

If the program is a day camp within 25 miles, will you be providing daily transportation to and from camp?

____yes ____no

If the program is an overnight camp within 100 miles, are you able to provide transportation to and from camp?

____yes ____no

Parent/Guardian Section (cont.)

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 Do not Know.

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

1 2 3 4 5 Do not Know.

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

1 2 3 4 5 Do not Know.

My son or daughter demonstrates potential leadership skills.

1 2 3 4 5 Do not Know.

My son or daughter does not have disciplinary problems.

1 2 3 4 5 Do not Know.

My son or daughter works well with adults.

1 2 3 4 5 Do not Know.

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

1 2 3 4 5 Do not Know.

My son or daughter works well in-group settings.

1 2 3 4 5 Do not Know.

Parent/Guardian Section (cont.)

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.

My son or daughter interacts positively with peers.

1 2 3 4 5 Do not 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

Application Reference

Student: The reference sheet must be completed by an adult and it cannot be a relative. It should be someone like a teacher, counselor, coach or etc.

Reference: The reference is a required part of the scholarship application process. Please complete the following reference sheet at your earliest convenience and 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 Do not Know.

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

1 2 3 4 5 Do not Know.

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

1 2 3 4 5 Do not Know.

This student demonstrates potential leadership skills.

1 2 3 4 5 Do not Know.

Application Reference (cont.)

Student: Please give this reference sheet to an adult at your school (teacher, counselor, coach, etc.) and cannot be a relative.

This student does not have disciplinary problems.

1 2 3 4 5 Do not Know.

This student works well with adults.

1 2 3 4 5 Do not Know.

This student can handle the responsibility of staying at an overnight camp.

1 2 3 4 5 Do not Know.

This student works well in group settings.

1 2 3 4 5 Do not Know.

This student interacts positively with peers.

1 2 3 4 5 Do not Know.

Reference Signature Date

Please use the following lines to make any additional comments.
