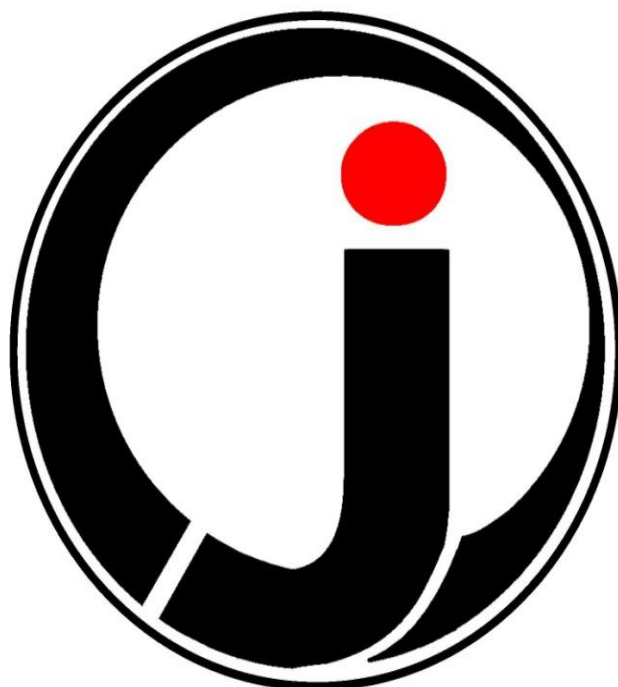


2021 “BE THE CHANGE” CAMP APPLICATION



THE JO-NATHAN FOUNDATION

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

“BE THE CHANGE” LEADERSHIP CAMP GUIDELINES

Camp Overview

The Be the Change Leadership Camp is a very interactive four-day camp for 50 youth ages 12-16 and will be held at Camp Long in Aiken, SC. The goal of this camp is to provide youth 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.

COVID-19 Protocol

The Camp Long staff have added COVID-19 protocols to ensure that campers and staff are safe during their stay. Some of those new protocols include hiring a housekeeper whose sole purpose is to disinfect all areas and housing throughout the day. 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. If your child is selected to attend the camp, we will provide more in-depth information regarding COVID-19.

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 7 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 shall be submitted to The Jo-Nathan Foundation address listed below or emailed to one of the contacts 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 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

Short Answer Question

Student: All applicants must answer question below in one paragraph. You may attach an additional sheet if needed.

Why would you like to attend the TJF Be The Change Leadership Camp? Also, include one thing that you would like to see change in your community. (All applicants must answer in at least 3-4 completed sentences)

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

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

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

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

