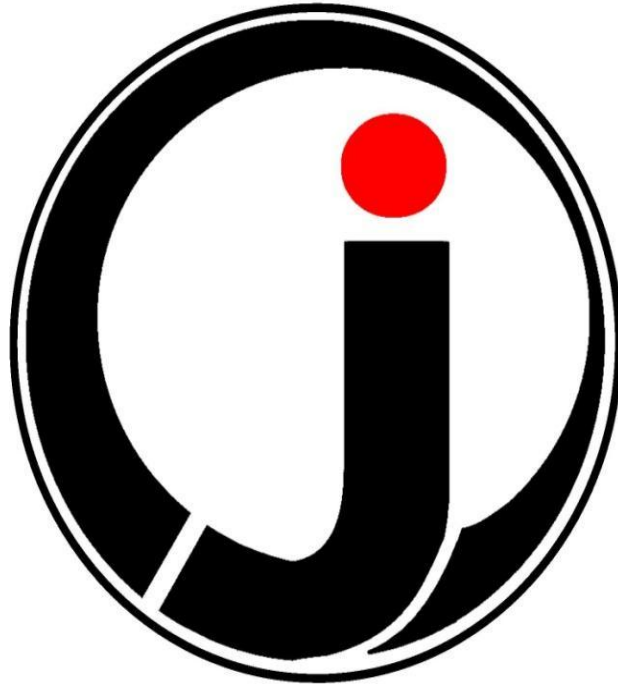


2023 “Be the Change” Camp  
Application



THE JO-NATHAN FOUNDATION

[www.thejo-nathanfoundation.org](http://www.thejo-nathanfoundation.org)

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 50-75 youth ages 12-17 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 create personal goals, academic goals, and/or a goal on how they can implement change in their community. The Jo-Nathan Foundation staff will assist them in creating this 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 are determined by the organization’s committee and by the Jo-Nathan Foundation Board of Trustees. Recipients receive notification of their selection within 14 days of the application’s postmark date. The date for the actual camp is June 23-25, 2023.

## 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 June 1<sup>st</sup>, 2023** and 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 addresses:*

- Kim Smith: [kes323516@gmail.com](mailto:kes323516@gmail.com)
- Terrence Cheatham: [tocheatham@gmail.com](mailto:tocheatham@gmail.com)
- Kolinski Simpkins: [kolinski.simpkins@gmail.com](mailto:kolinski.simpkins@gmail.com)
- Reggie Simpkins: [reggie@reggiesimpkins.com](mailto: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 Accommodations**

If you have any special needs that require 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.

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

**1-Never -2-Rarely -3-Occasionally -4-Usually 5-Always**

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

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.

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

**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 -2-Rarely -3-Occasionally -4-Usually 5-Always**

-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

-This student demonstrates potential leadership skills.

1      2      3      4      5      Don't Know

This student does not have disciplinary problems.

1      2      3      4      5      Don't Know

This student works well with adults.

1      2      3      4      5      Don't Know

This student works well in group settings.

1      2      3      4      5      Don't Know

This student interacts positively with peers.

1      2      3      4      5      Don't Know

\_\_\_\_\_

Reference Signature

\_\_\_\_\_

Date

Please use the following lines to make any additional comments.

\_\_\_\_\_

