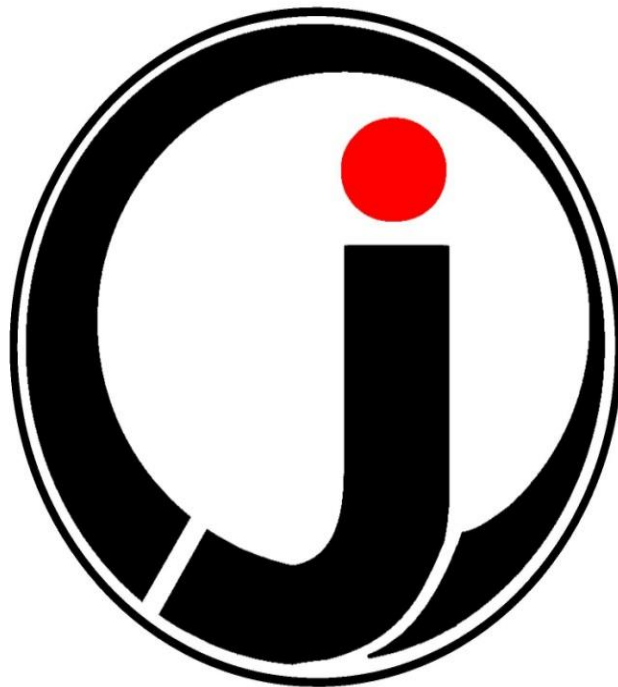


2024 “BE THE CHANGE” CAMP APPLICATION



THE JO-NATHAN FOUNDATION

WWW.THEJO-NATHANFOUNDATION.ORG

PO BOX 611 ♦ Edgefield, SC 29824 ♦ 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.

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 21-23, 2024.

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 1st, 2024** 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 611 ♦Edgefield, SC 29824

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.

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

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 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! 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 611
Edgefield, SC 29824

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.
