

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.)

☐ I have completed ALL portions of the application. Failure to complete all portions of the application will result in your application NOT being considered.
☐ 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
☐ I have included verification from my school showing that I receive free or reduced lunch
☐ I completed all short answer questions
☐ The parent/guardian section has been completed
☐ The reference section has been completed by someone who is not a relative. The reference should be completed by a teacher, counselor, community member, etc.
☐ I have included information about the camp(s) of my interest. 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.
☐ My application is complete.

SCHOLARSHIP GUIDELINES

The Jo-Nathan Foundation (TJF) 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.

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

<u>Consideration will be given only to candidates submitting complete application packages</u>, 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 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 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

Student Name:				
Parent/Guardian Name:				
Street Address:				
City:	State:		_ Zip Code:	
Phone Number:	Birth Date:	Age:	Gender:	Race:
School Name:				
School's Phone Number:		Gr	ade:	
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	s No	N/A	
Please check all the summe	er camp programs that have you	ur interest:		
Specific Camp - List na	ame of camp		<u>-</u>	
General Outdo	oor Leadership			
Athletic - What sports	interest your child?			
Arts - What types of a	rt interest your child?			
Music - What type of	music (chorus, band, or dance)	interest your chi	ld?	
Technology/Science -	What subjects interest your ch	ild?		
Other - What camp in	terest vour 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. Can you describe what you like most about school and also provide a description of your favorite course(s)?

4. What is your favorite extracurricular activity and why?	
5. What are your career aspirations after completing 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.	ation
Does your child receive/qualify for free or reduced school lunch?FreeReducedNo	
Note * Please contact your child's school to provide verification of receiving free or reduced lunch. Applicants who submit this documentation by the due date cannot be considered. If your child does not receive free or reduced lunch 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:	

3. What is something that you can improve on in school to make you a better student?

Less than \$25,000	\$25,000-\$40,000	\$40,000-\$60,000	Over \$60,000
Does your child attend a	public school?yes	no	
the dates below that you	child will not be able to att	end.	ttend a summer camp? If so, please list
	of program your child will b		
Day Camp	Overnight Camp	Either	
Specific Camp - Ple	ase write name of camp her	e	
General Ou	tdoor Leadership		
Athletic - What spo	rts interest your child?		
Arts - What types o	f art interest your child?		
Music - What instru	ıments interest your child?		
Technology/Science	e - What subjects interest yo	our child?	
Other - What camp	interest your child?		
Please provide the webs	te or contact information fo	or the camp your child wishes	to attend below:
If the program is a day ca	amp within 25 miles, will you	u be providing daily transport	ration to and from camp?
If the program is an overyesno	night camp within 100 miles	s, are you able to provide trar	nsportation to and from camp?
	Parent/Gud	ardian Section (co	nt.)
	e complete the following inf his information is not compl		ur child's application. The application

2-Rarely describes my son or daughter

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

Instructions:

1-Never describes my son or daughter

4-Usua	ally desc	ribes my	son or	daughte	r
5-Alwa	ays desci	ribes my	son or o	daughter	r
My so	n or dau	ghter tal	kes resp	onsibility	y for his/her actions, good and bad.
1	2	3	4	5	Do not Know.
My so	n or dau	ghter ca	n be tru	sted to f	ollow through on things he/she is interested in.
1	2	3	4	5	Do not Know.
I feel t	hat my s	son or da	nughter	may be a	at risk for dropping out.
1	2	3	4	5	Do not Know.
My so	n or dau	ghter de	monstra	ates pote	ential leadership skills.
1	2	3	4	5	Do not Know.
My so	n or dau	ghter do	es not h	ave disc	iplinary problems.
1	2	3	4	5	Do not Know.
My so	n or dau	ghter wo	orks wel	l with ad	lults.
1	2	3	4	5	Do not Know.
My so	n or dau	ghter ca	n handle	e the res	ponsibility of staying at an overnight camp.
1	2	3	4	5	Do not Know.
My so	n or dau	ghter wo	orks wel	l in-grou	p settings.
1	2	3	4	5	Do not Know.
				Des	wort/Curydian Soction (cont.)
				Pui	rent/Guardian Section (cont.)
				•	e following information and return with your child's application. The application n is not completed.
My so	n or dau	ghter int	teracts p	ositively	with peers.
1	2	3	4	5	Do not Know.
Please	use the	followin	ng lines t	o make	any additional comments.

3-Occasionally describes my son or daughter

	·
I attest that all information in the application is accurate and I give needed by my child's school.	my permission for the information to be verified as
Signature of Parent/Guardian	Date
Print Name	
Application Ref	rerence
Student: The reference sheet must be completed by an adult and it teacher, counselor, coach or etc.	t cannot be a relative. It should be someone like a
Reference: The reference is a required part of the scholarship application reference sheet at your earliest convenience and mail directly to The	
The Jo-Nathan Foun	dation
PO Box 611 Edgefield, SC 298	224
Student Name:	
Reference Name:	
Relationship to Student:	How Long:
Reference Phone Number:	

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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. Do not Know. This student can be trusted to follow through on things he/she is interested in. Do not Know. I feel this student may be at risk for dropping out. Do not Know. This student demonstrates potential leadership skills. 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. Do not Know. This student works well with adults. Do not Know. This student can handle the responsibility of staying at an overnight camp. Do not Know. This student works well in group settings. Do not Know. This student interacts positively with peers. Do not Know.

Reference Signature				Date		
Please use the following lines to make any additional comments.						