

Child's Name: _____



Dear Scholarship Applicant:

The intent of the Michael J. Levitt Summer Camp Scholarship Fund is to provide financial assistance to families that would not otherwise be able to afford the full cost of the IGFA Summer Camp program. This assistance is granted in the form of full tuition, contingent upon the availability of funds and camp space, for one week of the IGFA Summer Camp (excluding Advanced Marine Biology and Advanced Angling during weeks 8 and 9). Determination of eligibility for applicants is the decision of the International Game Fish Association staff. Incomplete forms or applications without the documentation required below will not be reviewed.

Parents must fill out the application completely and submit the following items along with your application.

REQUIRED ITEMS:

- Completed scholarship form
- Copy of a government issued ID (driver's license, ID card, etc.)
- Copy of prior year's tax return or statement of annual earnings
- Letter from child stating why he/she wants to attend our camp

IF APPLICABLE:

- Unemployment income statements
- Financial assistance documents such as Social Security, free or reduced lunch, etc.
- List any special circumstances such as medical conditions, death in the family, illness, job loss or any other situation(s) that may impair the family's ability to pay*

All applications (with supporting documents) must be received by June 1, 2018.

Incomplete applications **will not be considered**. It is your responsibility to contact us to confirm that your application was received.

Completed applications and documents listed above must be mailed to:

IGFA

ATTN: Reservations

300 Gulf Stream Way

Dania Beach, FL 33304

Or emailed to: reservations@igfa.org

Successful applicants will be notified by June 8, 2018.

**Eligibility of special circumstances will be evaluated and determined on a case-by-case basis, taking all factors necessary into consideration.*

IGFA SUMMER FISHING CAMP SCHOLARSHIP FORM

Parent or Guardian Name(s): _____

Child's Name: _____ Age: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Total Household Size: _____ Household Annual Gross Income: _____

Number of Dependents: _____

Camp Week to Attend (circle which week below):

Week 1 <i>From Fresh to Salt</i> June 11-15	Week 2 <i>Which Fish is Which?</i> June 18-22	Week 3 <i>Fishing on the Fly</i> June 25-29	Week 4 <i>The Science to Fishing</i> July 2-6*
Week 5 <i>Bigger, Better, Basser</i> July 9-13	Week 6 <i>Beyond the Beach</i> July 16-20	Week 7 <i>Fishing the Food Web</i> July 23-27	

***There will be no camp on Wednesday, July 4th**

1. Tell us what excites the applicant about coming to the IGFA Summer Camp.

2. Briefly explain your reasons for applying for this scholarship.

3. Are there any specific circumstances that we should be aware of in considering your request?

I hereby swear, under penalty of perjury, that the above information, as well as the enclosed documents, is true and that by signing below, I am stating that my family has a true financial hardship that would prevent my child from attending camp without financial assistance:

PRINT NAME: _____ SIGNATURE _____

DATE: _____