



SCHOLARSHIP APPLICATION

Please fill out this form completely and submit with the required items to

Todd Davis, OKRA Camp Director
OKRA CAMP SCHOLARSHIP PROGRAM
Delta State University | HPER B2
1003 West Sunflower Road
Cleveland, Mississippi 38732

-OR-

Hand Deliver to:
HPER Division
Delta State University
Forest E Wyatt Center
(Building Adjacent to Aquatic Center)

Date of Application: _____

OKRA Summer Camp Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, natural origin, sex or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Delta State University staff and faculty children are not eligible for scholarship assistance.
- Incomplete applications will not be reviewed.
- Scholarships will be awarded based on need and desire to be a part of OKRA camp.
- A random-chosen, lottery drawing of eligible and registered candidates will commence and those chosen will be notified by May 11, 2014

Summer Camp Scholarship Recipient Requirements:

- Complete this application.
- Submit financial documentation demonstrating financial need. (*copy of 1040A [the "Short Form"] or 1040EZ*)
- Submit a formal letter to demonstrate the need and passion for your youth to be involved in recreation, physical activity, and/or nutrition education. Your letter should be one page and detail why you feel your child would benefit from this experience.

Please fill out one form per child seeking a scholarship.

Name of Child: _____

Age: _____ School Attending: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone (____) _____

Family Email: _____

Briefly, detail what you hope your child will gain from the OKRA Camp experience?

What are your child's previous experience recreation, physical activity, and nutrition education?

How many children currently live in the household? _____

Please list their ages: _____

REQUIRED FAMILY INFORMATION

Father's Name : _____

Address (if different): _____

Place of Employment: _____

Mother's Name : _____

Address (if different): _____

Place of Employment: _____

Name of Legal Guardian (if not living with mother/father):

FINANCIAL INFORMATION

Eligibility for need-based scholarships is based on the following criteria and conditions, including household size and income standards. If an applicant does not fall within these criteria but can prove other special circumstances, the scholarship committee will review and may grant a scholarship.*

**Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.).*

Total Household Size*	Yearly Income	Monthly Income
2	\$25,900	\$2,159
3	\$32,560	\$2,714
4	\$39,220	\$3,269
5	\$45,880	\$3,824
6	\$52,540	\$4,379
7	\$59,200	\$4,934
8	\$65,860	\$5,489

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

- Below \$10,000 \$20,001-\$25,000 \$35,001-\$40,000 \$50,001 - \$55,000
- \$10,001-\$15,000 \$25,001-\$30,000 \$40,001-\$45,000 \$55,001-\$60,000
- \$15,001- \$20,000 \$30,001-\$35,000 \$45,001-\$50,000 \$65,001-\$70,000
- Over \$70,000

Are there any extenuating health circumstances, permanent or temporary, which would make it difficult for your child to participate in physical activity?

Are other family members currently applying for assistance? Yes No