



2025 JUNIOR NATURE CAMP SCHOLARSHIP APPLICATION

PLEASE READ CAREFULLY. *These guidelines have been established to ensure a smooth process to accommodate as many applications as our funding will allow in a timely and equitable manner.*

Guidelines:

- 1. Scholarship consideration is based on need, merit, timeliness of application, and availability. First consideration will be given to financial need. The Federal Poverty Guidelines (attached) and the narrative information in the application are considered to determine eligibility.*
- 2. A separate application is required for each child.*
- 3. No incomplete application will be considered. If incomplete, it will be returned to you. Review your application thoroughly before submission.*
- 4. All camp scholarship awards and subsequent registration will be processed by the Oglebay Institute Administration Office, not through the customer service desk at the Schrader Center.*
- 5. Submission of this scholarship application DOES NOT AUTOMATICALLY ENROLL YOUR CHILD IN CAMP.*
- 6. APPLY EARLY! So that you may plan your family's summer activities, awards will be announced shortly after the scholarship application deadline of May 5, 2025. Should funding resources remain, applications received between May 6 & June 16, 2025 may be reviewed and funding consideration given. Applications received after June 16, 2025 will not be considered.*
- 7. Due to the large number of requests for financial assistance, scholarship awards are partial. You will have a balance to pay in order for your child to attend camp. Your child is not officially enrolled until any required balance is paid.*

As a courtesy to our generous funding partners, your child will be required to submit a "thank you" card or letter.

If you have any questions, please call our office before submitting your application. We are happy to explain things further and help you with the process. Any questions may be directed to the Administration Office at 304 242-4200.

Return completed form to:
Oglebay Institute Scholarship Committee
1330 National Road
Wheeling, WV 26003
Fax 304 242-4203

Information provided on this application is considered strictly confidential by Oglebay Institute.

Date: _____

Parent/Guardian's Full Name: _____

Child's Full Name: _____ Birthdate: _____

Gender: _____ Is the camper invited to be a CIT (Counselor in Training) in 2025? ☐ Yes ☐ No

Address: _____

Daytime Phone: _____ Cell Phone: _____

Email address: _____

Mark the week(s) you wish to attend:

☐ Week One only: July 13-19, 2025 ☐ Week Two only: July 20-26, 2025 ☐ Both Weeks: July 13-26, 2025

Has applicant attended any OI day or residential camp before?

Day Camp: ☐ Yes ☐ No Date(s): _____ Junior Camp: ☐ Yes ☐ No Date(s): _____

Has applicant received scholarship assistance before? ☐ Yes* ☐ No

*If you have received a scholarship three or more years in a row, you may be ineligible for consideration.
Priority may be given to new applicants.

Briefly describe how attending Junior Nature Camp would be a benefit and explain your need for financial assistance.
Please add additional page if more space is necessary.

List any past and/or current experiences that would indicate an interest in the area(s) for which a scholarship is being considered. Please add additional page if more space is necessary.

Because of the high demand for financial assistance, applicant are asked to pay a fair portion of the cost of the registration fee per each camp week requested. Please indicate the fair portion you are able to contribute per child:

I can pay \$_____ per week, up to a total amount of \$_____.

Please check one of the following ranges of TOTAL yearly family income:

☐ Less than \$20,000

☐ \$20,001 - \$30,000

☐ \$30,001 - \$40,000

☐ \$40,001 - \$50,000

☐ More than \$50,000

Total household size: _____ (Children & Adults)

Total number of dependent children in your household: _____

Does your child participate in a reduced or free lunch program at school?

☐ Yes ☐ No ☐ Not offered at child's school.

Is a parent or guardian unemployed at this time? ☐ Yes ☐ No

If more than \$50K, list amount: \$_____ If yes, length of unemployment: _____ months

Name & location of your current or most recent employer: _____

Please check any type of income you are receiving from a government agency:

___ Unemployment Insurance ___ Social Security ___ Worker's Compensation ___ Disability ___ Other

Oglebay Institute is proud to publicize the accomplishments of our students and promote our programs to the public. Photographs and/or video recordings of you and/or your child/children may be taken by the media and/or OI staff members for promotional purposes only. Oglebay Institute may use these names and images to promote itself, its fiscal agent, and/or their activities. ☐
I give my consent. ☐ I do not give my consent.

For Internal Office Use Only

Date Received in Administration: _____

Date of review: _____

Total Amount Requested: _____

Total Amount Awarded: _____

Family Contribution: _____

Notes: _____