APPLICATION MUST BE COMPLETED BY PARENT OR GUARDIAN

Para un aplicación en español, llame 479-381-2515

ATTACH RECENT PHOTO

CAMP WAR EAGLE

APPLICATION FOR ENROLLMENT 2009
FOR BOYS AND GIRLS FROM NORTHWEST ARKANSAS**
AGES 7 – 17

Number Sessions in Order of Preference (Please number all sessions that you could attend. #1 being your first choice, #2 your second choice, etc.)

___ 1st Session	___ 2nd Session	___ 3rd Session	___ 4th Session	___ 5th Session	___ 6th Session	___ 7th Session
14 days	7 days	7 days	14 days	7 days	7 days	14 days
May 31 – June 13	June 14 - June 20	June 21 – June 27	June 28 – July 11	July 12 – July 18	July 19 - July 25	July 26 - Aug 8

Camper's Full Name _____ Name Used _____ Check One: ❒ Boy ❒ Girl

Mailing Address _____ Telephone (____)_____

City, State & Zip _____

Parent/Guardian E-mail Address _____ Camper Email (if applicable) _____

Age at camp in 2009_____ Birthdate_____ - _____ - _____ Current School Grade (2008 - 2009) _____

New campers: Circle sibling's Tribe (if applicable) **Caddo Osage** This will be my ____ year as a War Eagle Camper.

Name of School _____

Uniform Size **(Circle One):**

Shirt:	YM	YL	S	M	L	XL
Shorts:		YL	S	M	L	XL

Information in this box is VERY IMPORTANT!!!!! Must have for cabin placements!!!!!! Double check for accuracy.

Ethnic Origin (optional - circle one): American Indian Asian Black/African American White Hispanic/Latino Other

Mother's Name _____ Occupation _____

Home Address _____

Home Phone (____)_____ Business Phone (____)_____ Mobile Phone (____)_____

Father's Name_____ Occupation _____

Home Address _____

Home Phone (____)_____ Business Phone (____)_____ Mobile Phone (____)_____

Home Physician _____ Phone (____)_____

How did you become interested in Camp War Eagle? _____

If parents cannot be reached in an emergency, please list the person to be contacted. (It is the policy of Camp War Eagle to notify parents in the event of an accident or injury only when recommended by the Camp Physician).

Name _____ **Relationship to Camper** _____

Address _____ **Telephone** _____

Are there any activities in which this camper should **NOT** participate?

_____

_____

Has this camper ever been diagnosed or treated for any emotional, psychological, mental, behavioral, or chemical condition or disorder?
❒ Yes ❒ No If yes, please explain.

_____

_____

_____ **Please complete back page.**

**All applicants must live in Benton, Carroll, Madison or Washington County in order to be eligible to attend Camp War Eagle.

Does this camper ever exhibit any physical, mental, emotional, psychological or behavioral trait that could prevent him from living cooperatively with others? ❒ Yes ❒ No If yes, please explain. **NOTE:** Full disclosure of the above information is required. The existence of a "limiting" condition does not necessarily exclude a child from acceptance into the War Eagle program, however, a failure to disclose such a condition will result in automatic dismissal of the camper with no refund of tuition once the condition is brought to light.

ADDITIONAL COMMENTS: Please tell us anything that will help us ensure the very best experience possible for your child, including any personality traits, limitations or characteristics of this camper which could help the counselor in working with your child or that would be helpful in assigning cabins and activities (include such things as personality traits, sleepwalking, bedwetting, etc.)

Camp War Eagle Tuition and Deposit Information

Tuition assistance at Camp War Eagle is based on family income level. For those children living in households where the combined **gross** family income is **less than $40,000 there is NO financial obligation, tuition is $0.00.** Camp War Eagle does require one $20.00 deposit per family **with your application(s)** that can be applied to your child's store account or returned to you after the summer session. For children living in households with **income above $40,000**, tuition is based on the following scale and due April 1, 2009. Transportation to and from camp is also available free of charge to all campers. **A gross household income figure must be estimated and included on this application below.** This information will be subject to verification at a later date and your tuition will be adjusted based on the information provided at that time.

Our ***gross*** household income is $ _____ per year. **(Required)** Names and ages of brothers and sisters: _____

_____

Please circle the applicable tuition

	2nd, 3rd, 5th & 6th Session Tuition (7 days)				1st, 4th & 7th Session Tuition (14 days)			
Gross Household Income	**First Child**	**Second Child**	**Third Child**	**Additional Child**	**First Child**	**Second Child**	**Third Child**	**Additional Child**
Below 40,000	$0	$0	$0	$0	$0	$0	$0	$0
40,000 - 60,000	25	15	15	0	50	25	25	0
60,001 - 70,000	50	25	25	0	100	50	50	0
70,001 - 80,000	150	75	75	0	300	150	150	0
80,001 - 90,000	250	125	125	0	500	250	250	0
90,001 - 100,000	350	175	175	0	700	350	350	0
100,001 - 120,000	450	225	225	0	900	450	450	0
120,001 - 140,000	650	325	325	0	1,300	650	650	0
140,001 - 150,000	850	500	500	0	1,700	1,000	1,000	0
150,001 - 200,000	950	600	600	300	1,895	1,200	1,200	600
Over 200,000 **(Full Tuition)**	950	950	950	950	1,895	1,895	1,895	1,895

A $20.00 deposit is required for each camp family. The deposit will be automatically applied to your camper's tuition (if applicable) or store account unless Camp War Eagle is directed otherwise. Any balance remaining in your camper's store account will be returned after the summer session. **The deposit is fully refundable until April 1, 2009.** After April 1, 2009, the deposit is non-refundable in the event of cancellation for any reason. For those children that remain on a waiting list, the deposit will be refunded at the conclusion of the summer unless we are notified in writing otherwise.

❒ Check here if you do ***not*** want to apply the deposit to the camper's store account. The deposit will be refunded after the camp session.

Please include one $20.00 check per family with your application(s) made payable to Camp War Eagle.

Mail applications and checks to: Camp War Eagle, c/o Camp Ozark: Data Entry, 155 Camp Ozark Dr., Mt. Ida, AR 71957

Please feel free to contact Camp War Eagle at 479-751-8899 or campwareagle@campwareagle.org with any questions you may have.

Camper Name: _____ **School Grade:** _____ **Returning Camper (circle one): Yes No**

Camper Qualifications

All campers are required to earn the opportunity to attend Camp War Eagle. Each camper must exhibit one or more of the following qualifications in order to attend Camp War Eagle. Campers will be selected to attend Camp War Eagle based on their qualifications. *You are encouraged to fill out as much of this information as possible as this form is used in the selection process.* **This form must be signed by a teacher, counselor, community service project leader, organization group leader or supervising adult.** This form must be completed and returned to Camp War Eagle to be considered for acceptance. It is *not* optional.

New Campers: Campers that will be attending Camp War Eagle for the first time are required to meet ***ONE*** of the following qualifications, however the completion of additional qualifications will be considered in the selection process.

Returning Campers: Campers that have attended Camp War Eagle in the past are required to meet the minimum of ***TWO*** of the qualifications as follows:

- Qualification #1 - Scholastic Performance and Effort **AND**
- Either Qualification #2 - Community Service ***or*** Qualification #3 - Community Involvement

The completion of additional qualifications will be considered in the selection process as well.

*****Returning Campers that do not meet 2 of the Qualifications as outlined above will NOT be eligible for enrollment.***

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1. **Scholastic Performance and Effort** (*must* be verified and signed by **teacher** or **school counselor**)

- Maintains a "C" average or better (or equivalent) **AND** exhibits good effort and good behavior

Comments: _____

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_____

_____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

2. **Community Service** (*must* be verified by **community service project leader** or **adult supervising project**)

- 10 hours (elementary students) or 20 hours (middle, junior high and high school students) of voluntary involvement in a recognized community service organization or project, OR
- 10 hours (elementary students) or 20 hours (middle, junior high and high school students) of voluntary involvement in an informal supervised community service project (such as care for the elderly, cleaning up an abandoned site, doing yard work for someone who can't take care of their yard, etc.)

Description of project or service performed: _____

Number of hours completed: _____ Dates of project or service performed: _____

Comments: _____

_____

_____

_____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

3. **Community Involvement** (*must* be verified by **organization group leader**)

- Regular participation in a recognized organization , such as **Ozone**, Boy Scouts, Girl Scouts, Church Youth Groups, Sports Teams, 4H Clubs, Student Council, etc.

Name of Organization: _____

How often does this organization meet? _____ Does this child regularly attend? _____

List of activities, projects, etc: _____

Comments: _____

_____

_____

_____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

Optional: Please include any additional information that may be helpful when reviewing this application. This may be filled out by the camper, parent, teacher, counselor or group leader.

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