

FOR IGFA STAFF USE ONLY

RCVD: _____

CODE: _____

Child's Name: _____



Dear Scholarship Applicant:

Thanks to generous donors to the IGFA, we're able to grant several families financial assistance 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 the Advanced Angling week) for ages 7-12 years old. 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 IGFA Summer Fishing Camp 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 (handwritten are best)

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 May 21, 2021.

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: Joanna Olczyk
300 Gulf Stream Way
Dania Beach, FL 33304**

Or emailed to: education@igfa.org

Successful applicants will be notified by May 28, 2021.

**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

Please note, this scholarship is only designed for ages 7-12 years old.

Parent or Guardian Name: _____

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 June 14-18 <i>From Fresh to Salt</i>	Week 2 June 21-25 <i>Bigger, Better, Basser</i>	Week 3 June 28 – July 2 <i>Natural Bait is Great!</i>	Week 4 July 6-9 <i>The Science to Fishing</i>
Week 5 July 12-16 <i>Beyond the Beach</i>	Week 6 July 19-23 <i>That Behavior is Fishy</i>	Week 7 July 26-30 <i>Which Fish is Which?</i>	Week 8 August 2-6 <i>Fishin' on the Fly</i>

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: _____