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 weeks) 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. Families can apply for multiple children per household, but each child needs their own completed scholarship form and letter. Children can only be awarded one scholarship per season.

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

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	REQUIRED ITEMS:
	Completed IGFA Summer Fishing Camp scholarship form (filled out by parent/guardian)
	Copy of prior year's tax return or statement of annual earnings (remove SSN number)
	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, SNAP, 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
	POST – THANK YOU LETTER:
	If awarded, please submit a <u>thank you letter</u> from the child written to the donor after the camp week to 300 Gulf Stream Way, Dania Beach, FL. 33004 or give to an IGFA Staff Member.

Scholarship Round	Due Date	Award Date
1	Sunday – March 26, 2023	Friday – March 31, 2023
2*	Sunday – April 23, 2023	Friday – April 28, 2023
3*	Sunday – May 21, 2023	Friday – May 26, 2023

^{*}Contingent upon the availability of funds and camp space.

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 emailed to education@igfa.org

IGFA SUMMER FISHING CAMP SCHOLARSHIP FORM

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

Parent or Guardian Name:			
Child's Name:			Age:
Mailing Address:			
City, State, Zip:			
Home Phone: ()		_ Cell Phone: ()	
Email Address:			
Total Household Size:	Household A	Annual Gross Income:	
Number of Dependents:			
Circle the camp week (1) you		Week 2	Made 4
Week 1 June 12-16	Week 2 June 19-23	Week 3 June 26-30	Week 4 July 10-14
From Fresh to Salt	Bigger, Better, Basser	Sharks!	Which Fish is Which?
Week 5	Week 6	Week 7	Week 8
July 17-21	July 24-28	July 31 - August 4	August 7-11
Natural Bait is Great!	Catch 'em With Artificials	Fishin' on Fly	That Behavior is Fishy
2. Explain your reasons for ap	oplying for this scholarship.		
3. Are there any specific circu	ımstances that we should be av	vare of in considering your	request?
	g that my family has a true fin		closed documents, is true and that I prevent my child from attending
PRINT NAME:		SIGNATURE	
DA [E:		_	