

**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.**

**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 thank you letter 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.

Due Date	Award Date
Tuesday – May 30, 2023*	Friday – June 2, 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](mailto:education@igfa.org)

# 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: \_\_\_\_\_

Circle the camp week (1) your child would like to attend.

<b>Week 1</b> June 12-16 <i>From Fresh to Salt</i>	<b>Week 2</b> June 19-23 <i>Bigger, Better, Basser</i>	<b>Week 3</b> June 26-30 <i>Sharks!</i>	<b>Week 4</b> July 10-14 <i>Which Fish is Which?</i>
<b>Week 5</b> July 17-21 <i>Natural Bait is Great!</i>	<b>Week 6</b> July 24-28 <i>Catch 'em With Artificials</i>	<b>Week 7</b> July 31 - August 4 <i>Fishin' on Fly</i>	<b>Week 8</b> August 7-11 <i>That Behavior is Fishy</i>

Use as much space as needed to complete the following questions.

1. Tell us what excites the applicant about coming to the IGFA Summer Camp.

2. 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: \_\_\_\_\_