



Community Foundation
of Johnson County



Summership Application

The Summerships Committee awards scholarships for cost of the camp or activity (up to \$250) to enable young people to participate in summer activities. **SummerShips are awarded to Johnson & Washington County students (K-12) who are eligible for Free & Reduced Lunch.**

- **Please use separate form for each applicant (even within same family)**
- **Copy of Completed Camp or Activity Registration Form must be included with Summership Application**
- **Only those applicants who fully comply with all of the instructions can be assured their application will be reviewed by the Committee**

All information will be treated with the strictest confidentiality. The completed application should be submitted to:

Summerships
c/o United Way
1150 5th Street, Ste 290
Coralville, IA 52241

Please direct questions to United Way of Johnson & Washington Counties,
info@unitedwayjwc.org or 319-338-7823.

**Submissions must be received or postmarked by Wednesday, May 31, 2017.
Applications will be reviewed in the order they are received.**

REFERRAL CONTACT INFORMATION	
Who is the referring contact regarding this application (name, relationship to applicant)?	
Preferred method of contact? Phone <input type="checkbox"/>	Email <input type="checkbox"/>
Referral phone number:	Referral email address:

Summership Application

APPLICANT INFORMATION	
Date of this application:	
Student's Name:	
Address: street, city, state, zip:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Birth Date:	Age:
Name of School:	Current grade in school:
Parent/Caregiver's Name(s):	
Address: street, city, state, zip:	
Parent/Caregiver's Phone Number(s):	
Contact Email:	
Number of family members in household:	
Annual Household Income:	

CAMP/ PROGRAM INFORMATION
Name of Camp/Program:
Camp/Program Contact Name:
Address:
Dates of camp/program applicant wishes to attend:
Deadline for registration:

Summership Application

Brief description of camp/program:

CAMP/PROGRAM EXPENSES
Tuition or camp/program fee: \$

Parent Signature:
How did you find out about the Summership Program?

Note: Upon receiving a Summership and attending a summer camp/program, the student will be required to submit a paragraph detailing their experience. We would like to have a photo on file to promote Summerships.

COMMUNICATIONS RELEASE: I hereby give Community Foundation of Johnson County and United Way of Johnson & Washington Counties my free and unlimited consent and permission to use, publish, republish or exhibit in the furtherance of its work, with or without identification of my child by name, the photographs and/or statements provided during the Summerships Program.

Student Name (please print): _____

Parent/Guardian Signature: _____

Date _____