



Camp Watcha Wanna Do Scholarship Coversheet

Application and all required materials due to
Camp Watcha Wanna Do, PO Box 11166, Fort Wayne IN 46856

| Purpose of Scholarship | | Application Requirements | | |
|--|--|--|--------|------|
| <p>The Camp Watcha Wanna Do scholarship was established in 2021 by the CWWD board of directors in honor of all of the childhood cancer survivors, the kids still fighting the battle and the children who have lost their battle with childhood cancer. It is for the HOPE that someday there will be a cure!</p> <p>But, Until there is a Cure, There is a Camp!</p> <p>Applicant must be a cancer survivor/fighter, sibling to cancer survivor/fighter or a bereaved sibling. Preference given to past Camp Watcha Wanna Do campers and students involved in extra-curricular activities.</p> <p><u>Scholarship open to apply from October 1st-April 1st. Decisions will be announced by May 1st.</u></p> | | <p>The entire application must be complete and signed. The following items should be attached to the application:</p> <ol style="list-style-type: none"> 1. Coversheet 2. Official Transcript 3. Essay 4. Two letters of recommendation | | |
| | | Selection Criteria | | |
| | | <ul style="list-style-type: none"> ✓ A child who has survived cancer or is a sibling of a child with cancer. ✓ Preference to past campers. ✓ Preference to those with at least one extracurricular activity. ✓ Must write a one-page essay about their experience with cancer and how it has shaped their future plans. ✓ Must have a financial need. | | |
| Applicant Information | | | | |
| Current High School or College: | | | | |
| Applicant's Name: | <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. | First | Middle | Last |
| Address | | | | |
| City, State and Zip | | | | |
| Home Phone: | | Cell Phone: | | |
| E-mail Address: | | | | |

Return Completed Application to:
Camp Watcha Wanna Do
PO Box 11166
Fort Wayne IN 46856

Application Instructions:

1. Complete each section of this application carefully. Be sure not to leave any areas blank (write N/A if you cannot provide an answer).
2. Include requested materials only.
3. When printing this application, be sure it is single-sided. (Do not print on the backside of pages.)
4. **Sign** the last page of this application. If you fail to do so, your application may not be considered.
5. Use a paper clip to fasten your application. Do NOT staple or tape.
6. Please keep a copy of this application for your records (we cannot provide copies).

SECTION 1: ACADEMIC INFORMATION

Attach an **official** copy of your most current **high school or college transcript** to this application.

Cumulative GPA: _____

College/university you plan to attend in the fall: _____

Major field of study: _____

I will be enrolled: full-time (12+ credits) half-time (6+ credit hours) less than half-time

SECTION 2: FAMILY INFORMATION

Applicant's age: _____ Applicant's date of birth: _____

Applicant's marital status: Single, Divorced, or Widowed Married/Remarried Separated

Parents' marital status: Single, Divorced, or Widowed Married/Remarried Separated

Number of people in your household: _____

If you are a dependent: Include your parent(s) and other children and family members that are living in your household and are claimed as dependents. If you are an independent, include yourself, and (if relevant) your spouse and dependents.

Parent(s)/Stepparent(s)/Legal Guardian(s)

| Name/Relationship to Applicant | Age | Not Attending College | Attending College in 2025 |
|--------------------------------|-----|--------------------------|---|
| | | <input type="checkbox"/> | <input type="checkbox"/> part-time <input type="checkbox"/> full-time |
| | | <input type="checkbox"/> | <input type="checkbox"/> part-time <input type="checkbox"/> full-time |

Parent(s)/Stepparent(s)/ Legal Guardian(s) Employment Information

Mother/Guardian Employer: _____
 Father/Guardian Employer: _____

Dependents of Parent(s)/Stepparent(s)/Legal Guardian(s)

| Name/Relationship to Applicant | Age | Not Attending College | Attending College in 2025 |
|--------------------------------|-----|--------------------------|---|
| | | <input type="checkbox"/> | <input type="checkbox"/> part-time <input type="checkbox"/> full-time |
| | | <input type="checkbox"/> | <input type="checkbox"/> part-time <input type="checkbox"/> full-time |
| | | <input type="checkbox"/> | <input type="checkbox"/> part-time <input type="checkbox"/> full-time |
| | | <input type="checkbox"/> | <input type="checkbox"/> part-time <input type="checkbox"/> full-time |
| | | <input type="checkbox"/> | <input type="checkbox"/> part-time <input type="checkbox"/> full-time |

If there are additional dependents, please list their names on a separate sheet of paper (use the same format as above).

SECTION 4: WORK HISTORY AND SCHOOL/COMMUNITY ACTIVITIES

Work History – Include summer and school year employment. Start with your most recent job.

| Employer | Nature of Work | Start/Finish Date | Hours per Week | Hourly Pay |
|----------|----------------|-------------------|----------------|------------|
| | | | | |
| | | | | |
| | | | | |

School Activities – Include all school-related activities such as band, athletics, student government, etc.

| Activity | Year (please check all that apply) | | | | Hours per Week | Leadership position/awards |
|----------|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------|----------------------------|
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
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| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |

Community Activities – volunteer, religious, scouts, etc.

| Activity | Start/Finish Date | Hours per Week | Leadership position/awards |
|----------|-------------------|----------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 5: ESSAY

On separate sheets of paper, please submit a **typed** essay addressing the following question:

Essay: Write about your experience with cancer and how your experience has shaped your plans for the future.

(Essay must be 1-3 pages, double spaced)

SECTION 6: LETTERS OF RECOMMENDATION

Please include two signed letters of recommendation. (Recommendation letters should describe the initiative, dependability, and other character qualities of the applicant.)

Signing below indicates your agreement to the following statement:

“I certify that all information in this application is true and complete to the best of my knowledge. If asked by any authorized official of the Community Foundation, I agree to give documentation to support the information given on this form.”

Applicant’s signature: _____ Date: _____