

2017 Scholarship Application

The purpose of this scholarship fund is to give monetary assistance to those camp applicants who cannot afford to attend. Each applicant will be evaluated and be given either a partial or complete scholarship to attend a portion of, or the entire 6 days.

NOTE: It is policy of Roanoke Diversity Center Inc. that no RDC Board or member, nor any family member (including spouse/partner, brothers and sisters, children, grandchildren and great-grandchildren) of any of the Board of Directors, apply and be eligible to receive this scholarship.

**Application Guidelines**

1. The applicant should, by their signature, be truthful regarding their inability to pay the full registration cost.

2. The applicant acknowledges that they cannot transfer their scholarship, if received, to another individual. If they become unable to attend the camp, the applicant, or scholarship recipient, should notify the RDC as soon as possible so that the funds become available to enable another to attend.

3. Applicants for this scholarship will be reviewed by a RDC Scholarship Committee and all applicants will be notified of their decision within 60 days of receiving the application.

4. Applicants under the age of 18 must have a legal parent or guardian complete and sign the application, attesting to their inability to afford the camp registration cost.

5. The RDC **does not offer scholarships for the entire cost.** The RDC only offers partial scholarships **up to $245** upon request and completion of the scholarship application. **Please be aware that scholarship money is very limited and all applicants are asked to pay at least $80 to attend.** Scholarships are only available due to the generosity of donors and are not guaranteed. **Please provide as much as you can financially and only request as much as you truly need.** This insures we can allow as many campers to attend as possible.

**If paying $80 will cause you financial hardship please contact Diversity Camp Directors to discuss additional scholarship fund availability by**

**Email:** **RDCDiversityCamp@gmail.com** **or phone: 540-491-4165.**

**Camper/Applicant Name(s)**

**(List all family members who need financial assistance to attend Diversity Camp 2016).**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $245 or Partial (Specify): $\_\_\_\_\_\_\_\_\_**

 **Last First Middle Age Scholarship Need (Circle above)**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $245 or Partial (Specify): $\_\_\_\_\_\_\_\_\_**

 **Last First Middle Age Scholarship Need (Circle above)**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $245 or Partial (Specify): $\_\_\_\_\_\_\_\_\_**

 **Last First Middle Age Scholarship Need (Circle above)**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $245 or Partial (Specify): $\_\_\_\_\_\_\_\_\_**

 **Last First Middle Age Scholarship Need (Circle above)**

**5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $245 or Partial (Specify): $\_\_\_\_\_\_\_\_\_**

 **Last First Middle Age Scholarship Need (Circle above)**

**Name of Parent/Legal Guardian (Not needed for applicants 18 years or older)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**Please provide your permanent address**

**(Parent’s permanent address for campers under the age of 18)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address City State Zip Code**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Annual Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Parent/Legal Guardian if camper is under the age of 18]**

**Applicant Signature (Parent/Legal Guardian if applicant is under the age of 18):**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applications must be completed and returned to the RDC with the camper application.**

Roanoke Diversity Center, 806 Jamison Ave SE, Roanoke, VA 24013 Tel. 540-491-4165 The RDC is a registered nonprofit 501.c.3 organization. Admin@RoanokeDiversityCenter.com

**Question on back ->**

Please have camper complete the essay question below. Please keep your response to just one paragraph, a half page or less. Please type or write your answer in essay form. (Print please)

**What does this scholarship mean to you?**