



APPLICATION FOR ENROLLMENT 2010
FOR BOYS AND GIRLS FROM NORTHWEST ARKANSAS**
AGES 7 - 17

Number Sessions in Order of Preference (Please number **all** sessions that you could attend. #1 being your first choice, #2 your second choice, etc.)

- | | | | |
|--|--|--|--|
| ___ 1st Session
7 days
June 6 - June 12 | ___ 2nd Session
7 days
June 13 - June 19 | ___ 3rd Session
7 days
June 20 - June 26 | ___ 4th Session
14 days
June 27 - July 10 |
| ___ 5th Session
7 days
July 11 - July 17 | ___ 6th Session
7 days
July 18 - July 24 | ___ 7th Session
14 days
July 25 - Aug 7 | ___ 8th Session
7 days
Aug 8 - Aug 14 |

Camper's First and Last Name _____ Name Used _____ Check One: Boy Girl

Mailing Address _____ Telephone (____) _____

City, State & Zip _____

Parent/Guardian E-mail Address _____ Camper Email (if applicable) _____

Age at camp in 2010 _____	Birthdate _____ - _____ - _____	Current School Grade (2009 - 2010) _____
New campers: Circle sibling's Tribe (if applicable) Caddo Osage		This will be my _____ year as a War Eagle Camper.
Name of School _____	Uniform Size (Circle One):	
	Shirt: YM YL S M L XL	
	Shorts: YM YL S M L XL	
Information in this box is VERY IMPORTANT!!!! Must have for cabin placements!!!!!! Double check for accuracy.		

Ethnic Origin (optional - circle one): American Indian Asian Black/African American White Hispanic/Latino Other

I prefer to receive all correspondence from Camp War Eagle in (check one): English Spanish

Mother's Name _____ Occupation _____

Home Address _____

Home Phone (____) _____ Business Phone (____) _____ Mobile Phone (____) _____

Father's Name _____ Occupation _____

Home Address _____

Home Phone (____) _____ Business Phone (____) _____ Mobile Phone (____) _____

Home Physician _____ Phone (____) _____

How did you become interested in Camp War Eagle? _____

If parents cannot be reached in an emergency, please list the person to be contacted. (It is the policy of Camp War Eagle to notify parents in the event of an accident or injury only when recommended by the Camp Physician).	
Name _____	Relationship to Camper _____
Address _____	Telephone _____

Are there any activities in which this camper should **NOT** participate?

Please complete back page.

**All applicants must live in Benton, Carroll, Madison or Washington County in order to be eligible to attend Camp War Eagle.

Has this camper ever been diagnosed or treated for any emotional, psychological, mental, behavioral, or chemical condition or disorder **or** does this camper ever exhibit any physical, mental, emotional, psychological or behavioral trait that could prevent him from living cooperatively with others? Yes No If yes, please explain. **NOTE:** Full disclosure of the above information is required. The existence of a "limiting" condition does not necessarily exclude a child from acceptance into the War Eagle program, however, a failure to disclose such a condition will result in automatic dismissal of the camper with no refund of tuition once the condition is brought to light.

ADDITIONAL COMMENTS: Please tell us anything that will help us ensure the very best experience possible for your child, including any personality traits, limitations or characteristics of this camper which could help the counselor in working with your child or that would be helpful in assigning cabins and activities (include such things as personality traits, sleepwalking, bedwetting, etc.)

Camp War Eagle Tuition and Deposit Information

Tuition assistance at Camp War Eagle is based on family income level. For those children living in households where the combined **gross** family income is **less than \$40,000 there is NO financial obligation, tuition is \$0.00.** Camp War Eagle does require one \$20.00 deposit per family **with your application(s)** that can be applied to your child's store account or returned to you after the summer session. For children living in households with **income above \$40,000**, tuition is based on the following scale and due April 1, 2010. Transportation to and from camp is also available free of charge to all campers. **A gross household income figure must be estimated and included on this application below.** This information will be subject to verification at a later date and your tuition will be adjusted based on the information provided at that time.

Our **gross** household income is \$ _____ per year. Names and ages of brothers and sisters: _____
(Required)

Please circle the applicable tuition

Gross Household Income	1st, 2nd, 3rd, 5th, 6th & 8th Session Tuition (7 days)				4th & 7th Session Tuition (14 days)			
	First Child	Second Child	Third Child	Additional Child	First Child	Second Child	Third Child	Additional Child
Below 40,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
40,000 - 60,000	25	15	15	0	50	25	25	0
60,001 - 70,000	75	25	25	0	150	50	50	0
70,001 - 80,000	175	85	85	0	350	170	170	0
80,001 - 90,000	275	135	135	0	550	270	270	0
90,001 - 100,000	375	185	185	0	750	370	370	0
100,001 - 120,000	475	235	235	0	950	470	470	0
120,001 - 140,000	675	335	335	0	1,350	670	670	0
140,001 - 150,000	875	525	525	0	1,750	1,050	1,050	0
150,001 - 200,000	975	625	625	325	1,950	1,250	1,250	650
Over 200,000 (Full Tuition)	975	975	975	975	1,950	1,950	1,950	1,950

A \$20.00 deposit is required for each camp family. The deposit will be automatically applied to your camper's tuition (if applicable) or store account unless Camp War Eagle is directed otherwise. Any balance remaining in your camper's store account will be returned after the summer session. **The deposit is fully refundable until April 1, 2010.** After April 1, 2010, the deposit is non-refundable in the event of cancellation for any reason. For those children that remain on a waiting list, the deposit will be refunded at the conclusion of the summer unless we are notified in writing otherwise.

Check here if you do **not** want to apply the deposit to the camper's store account. The deposit will be refunded after the camp session.

Please include one \$20.00 check per family with your application(s) made payable to Camp War Eagle.

Mail applications and checks to: Camp War Eagle, c/o Camp Ozark: Data Entry, 155 Camp Ozark Dr., Mt. Ida, AR 71957

Please feel free to contact Camp War Eagle at 479-751-8899 or campwareagle@campwareagle.org with any questions you may have.

Camper Name: _____ School Grade: _____ Returning Camper (circle one): Yes No

Camper Qualifications

All campers are required to earn the opportunity to attend Camp War Eagle. Each camper must exhibit one or more of the following qualifications in order to attend Camp War Eagle. Campers will be selected to attend Camp War Eagle based on their qualifications. *You are encouraged to fill out as much of this information as possible as this form is used in the selection process.* **This form must be signed by a teacher, counselor, community service project leader, organization group leader or supervising adult.** This form must be completed and returned to Camp War Eagle to be considered for acceptance. It is *not* optional.

New Campers: Campers that will be attending Camp War Eagle for the first time are required to meet **ONE** of the following qualifications, however the completion of additional qualifications will be considered in the selection process.

Returning Campers: Campers that have attended Camp War Eagle in the past are required to meet the minimum of **TWO** of the qualifications as follows:

- Qualification #1 - Scholastic Performance and Effort **AND**
- Either Qualification #2 - Community Service **or** Qualification #3 - Community Involvement

The completion of additional qualifications will be considered in the selection process as well.

*****Returning Campers that do not meet 2 of the Qualifications as outlined above will NOT be eligible for enrollment.***

1. Scholastic Performance and Effort (must be verified and signed by teacher or school counselor)

- Maintains a "C" average or better (or equivalent) **AND** exhibits good effort and good behavior

Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

2. Community Service (must be verified by community service project leader or adult supervising project)

- 10 hours (elementary students) or 20 hours (middle, junior high and high school students) of voluntary involvement in a recognized community service organization or project, OR
- 10 hours (elementary students) or 20 hours (middle, junior high and high school students) of voluntary involvement in an informal supervised community service project (such as care for the elderly, cleaning up an abandoned site, doing yard work for someone who can't take care of their yard, etc.)

Description of project or service performed: _____

Number of hours completed: _____ Dates of project or service performed: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

3. Community Involvement (*must* be verified by **organization group leader**)

- Regular participation in a recognized organization, such as **Ozone**, Boy Scouts, Girl Scouts, Church Youth Groups, Sports Teams, 4H Clubs, Student Council, etc.

Name of Organization: _____

How often does this organization meet? _____ Does this child regularly attend? _____

List of activities, projects, etc: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

Optional: Please include any additional information that may be helpful when reviewing this application. This may be filled out by the camper, parent, teacher, counselor or group leader.
