



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-March 1st. Decisions will be announced by April 15th.</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:	Ms. 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 2022	
			part-time	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 2022	
			part-time	full-time

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

SECTION 3: FINANCIAL INFORMATION

Please follow these instructions when completing the financial section:

Step 1: Determine whether you are an independent or dependent student. If you are unsure, please visit the following Web site: <http://www.finaid.org/calculators/dependency.phtml>

Step 2: Complete the financial questionnaire (you may need a parent/guardian to help you answer some of the questions).

Step 3: If you are a dependent student, complete the “Financial Worksheet for Dependent Students.” If you are an independent student, complete the “Financial Worksheet for Independent Students.”

Step 5: If there are unusual circumstances regarding your financial information, you may provide an explanation under “Additional Financial Information.”

Financial Questionnaire

1. Within the last year did anyone in your household receive benefits from any of the following federal programs?
SSI Food Stamps Free or Reduced Price Lunch TANF WIC None (N/A)
2. Did your parents/guardians file a 2020 Income Tax Return?
Yes No Not applicable, I am an independent student
3. Did your parents file (or were they eligible to file) a 2020 IRS Form 1040A or 1040EZ?
Yes No Not applicable, I am an independent student
4. Have either of your parents recently lost their job or been laid off?
Yes No Not applicable, I am an independent student
5. Did you file a 2020 Income Tax Return?
Yes No
6. Did you file (or were you eligible to file) a 2020 IRS Form 1040A or 1040EZ?
Yes No

Financial Worksheet for Dependent Students

Please have your parents/guardians complete the **Parent(s)/Guardian** section of the worksheet using information from their **most recent Income Tax Return**. PLEASE NOTE the following:

1. If your parents are married or remarried, both parents living in the household are required to list their income and asset information (this may include your biological parents, a stepparent, or adoptive parents).
2. If your parents are divorced or separated, please have the parent that you are living with or have lived with the most in the past 12 months, complete the parent/guardian section.
3. Do NOT include information for the parent not living in your household.

	Parent(s)/ Guardian(s)	Applicant
Adjusted Gross Income:	\$	\$
U.S. Income Tax :	\$	\$
Income earned from work (parents/guardians):	\$	N/A
Income earned from work (applicant):	N/A	\$
Child support paid: <u>Include</u> children living in another household. <u>Exclude</u> children living in your household.	\$	\$
Taxable combat pay: <u>Exclude</u> if it was not reported as taxable income.	\$	\$
Untaxed Income and benefits: <u>Include</u> child support received, workers' compensation, disability, untaxed portions of IRA distributions & pensions, and payments to tax-deferred pension and savings plans. <u>Exclude</u> welfare payments, untaxed Social Security benefits, and Supplemental Security Income.	\$	\$
Cash, savings and checking: Enter total current balance of all accounts.	\$	\$
Net worth of investments: <u>Include</u> stocks, savings bonds, mutual funds, CD's, money market accounts, UGMA and UTMA accounts, rental property, a second residence, commodities, trust funds, stock options, securities, qualified education benefits, qualified education savings accounts as well as installment and land sale contracts. <u>Exclude</u> your home and retirement plans.	\$	\$
Net worth of businesses/investment farms: <u>Exclude</u> a business you own if it employs less than 100. <u>Exclude</u> farm if you live on your farm, own your farm and actively participate in its operations. <u>Include</u> farm if you rent farm ground out to someone else. If you receive pasture rent from another individual, or own a partnership interest in a family farm that you do not actively participate in, please contact the Community Foundation of Greater Fort Wayne at 260-426-4083.	\$	\$

Financial Worksheet for Independent Students

Information about you and your spouse (if applicable) must be included. Figures should be taken from your most recent U.S. Income Tax Return.

	Applicant & Spouse (if applicable)
Adjusted Gross Income:	\$
U.S. Income Tax :	\$
Income earned from work:	\$
Child support paid: <u>Include</u> children living in another household. <u>Exclude</u> children living in your household.	\$
Taxable combat pay: <u>Exclude</u> if it was not reported as taxable income.	\$
Untaxed Income and benefits: <u>Include</u> child support received, workers' compensation, disability, untaxed portions of IRA distributions & pensions, and payments to tax-deferred pension and savings plans. <u>Exclude</u> welfare payments, untaxed Social Security benefits, and Supplemental Security Income.	\$
Cash, savings and checking: Enter total current balance of all accounts.	\$
Net worth of investments: <u>Include</u> stocks, savings bonds, mutual funds, CD's, money market accounts, UGMA and UTMA accounts, rental property, a second residence, commodities, trust funds, stock options, securities, qualified education benefits, qualified education savings accounts as well as installment and land sale contracts. <u>Exclude</u> your home and retirement plans.	\$
Net worth of businesses/investment farms: <u>Exclude</u> a business you own if it employs less than 100. <u>Exclude</u> farm if you live on your farm, own your farm and actively participate in its operations. <u>Include</u> farm if you rent farm ground out to someone else. If you receive pasture rent from another individual, or own a partnership interest in a family farm that you do not actively participate in, please contact the Community Foundation of Greater Fort Wayne at 260-426-4083.	\$

Additional Financial Information

If no financial information is provided, provide an explanation below. Also, if there are unusual circumstances regarding the information provided (such as unemployment), or if there are unusual financial circumstances expected in the future, please provide an explanation below (attach a separate sheet of paper if necessary).

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
	FR	SO	JU	SR		
	FR	SO	JU	SR		
	FR	SO	JU	SR		
	FR	SO	JU	SR		
	FR	SO	JU	SR		
	FR	SO	JU	SR		
	FR	SO	JU	SR		
	FR	SO	JU	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: _____