

# ANGEL TREE CAMPING SCHOLARSHIP APPLICATION



Angel Tree Camping® is pleased to partner with your camp to provide funds to allow children with incarcerated parents to attend camp at little to no cost.  
**Please fill out one sheet per family.**

Name of Camp Attending \_\_\_\_\_ Date of Camp Attending \_\_\_\_\_

## CAREGIVER INFORMATION

Parent/Caregiver's Name \_\_\_\_\_

Parent/Caregiver's Address \_\_\_\_\_

Parent/Caregiver's Phone Number \_\_\_\_\_ Parent/Caregiver's Relationship \_\_\_\_\_

## INCARCERATED PARENT'S INFORMATION (Must be complete for scholarship purposes)

Incarcerated Parent's Name \_\_\_\_\_

Incarcerated Parent's Location: Prison Name \_\_\_\_\_  Unknown  Released

*\*This information WILL NOT be shared with the child.*

When participating in the Angel Tree associated camp (the "Camp"), I acknowledge that my child may be photographed for print, videotaped, or electronically imaged (Images) and that my child's first name and biographical information, and/or comments and quotes may be obtained (Statements); and that such Images and Statements (Materials) may be used by Prison Fellowship and/or the Camp in promotional materials, news releases, websites, and other published formats. I hereby release Prison Fellowship and the Camp, and anyone working on their behalf from any and all liability, claims, and causes of action that I might have arising out of the use of such Materials, to include rights of publicity and privacy. The Materials will be the sole property of Prison Fellowship and/or the Camp.

Caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHILDREN'S INFORMATION

Child's Name \_\_\_\_\_

Name of Camp Attending \_\_\_\_\_ Date of Camp Attending \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Ethnicity (Hispanic, African American, Caucasian) \_\_\_\_\_

*Please check appropriate box.*

Has the child ever received a Christmas gift through Angel Tree on behalf of their incarcerated parent?  Yes  No

The child does not have an incarcerated parent but lives in the same household with another child who has an incarcerated parent.

(Check the box if this statement is true.)

The child does not have an incarcerated parent and does not live in the same household with another child who has an incarcerated parent.

(Check the box if this statement is true.)

Child's Name \_\_\_\_\_

Name of Camp Attending \_\_\_\_\_ Date of Camp Attending \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Ethnicity (Hispanic, African American, Caucasian) \_\_\_\_\_

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CHILDREN'S INFORMATION *continued*

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Name of Camp Attending \_\_\_\_\_ Date of Camp Attending \_\_\_\_\_  
Child's Date of Birth \_\_\_\_\_ Child's Ethnicity (Hispanic, African American, Caucasian) \_\_\_\_\_

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