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“We serve and care for those who serve and protect us.”

2024 First Responders Summer Camp Scholarship Application

Welcome to the First Responders Summer Camp Scholarship Program! To all military, first responders, and their families, we extend the invitation to apply for this exciting opportunity. Below, you will find the requirements necessary to complete this application, and the criteria in which selection is based upon.

- The application packet with all required materials must be printed, scanned, and submitted via email to Nohemy Hite at nhite@erikhitefoundation.org and must be filled out in its entirety.
- The Summer Camp Scholarship Program is intended to reimburse you for registration fees paid for summer camp attendance for your child/children in 2024. Your child selects the summer camp he/she would like to attend. Erik Hite Foundation does not provide, suggest or recommend a list of the camps available, this is the family's responsibility and a decision made solely by the family who applies and qualifies for this scholarship. Please provide a copy of the paid 2024 summer camp registration. Upon selection for a scholarship award, reimbursement is then paid.
- Attach a copy of proof of employment (Employment ID).
- Provide via email to the Erik Hite Foundation (contact@erikhitefoundation.org), a photo of your child/children at camp. Attach signed photo release waiver.
- Families sending two or more children to summer camp in 2024 will be given priority consideration. Qualifying ages for this scholarship are children 5 to 18 years old.
- Scholarship awards are available only to qualified families and applicants must meet all criteria detailed within this application packet.
- Applications will be accepted beginning on April 1, 2024, until May 15, 2024. Award notifications will be made on June 1, 2024..

Please direct any questions to Nohemy Hite at nhite@erikhitefoundation.org .

Thank you for your application and have a great summer!

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**ERIK HITE
FOUNDATION**

www.ErikHiteFoundation.org

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I, _____ have read and understand the conditions of the Erik Hite Foundation's Summer Camp Scholarship as explained on the Foundation's website/application form. I understand that this scholarship award will be available only to qualified families, and proof of employment is required. I waive the right to access any information on scholarship award recipients as well as other applicants' information. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date _____ Signature _____

Tell us about your family:

Guardian(s) First and Last Name(s)

Address

County

City

State

Zip

Phone

E-Mail

Child's Name

Current Age

Birthdate

Which of your children will be attending summer camp in 2024?

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Employer

Work Phone

Address

City

State

Zip

Household Annual Income (Circle One)

\$25,000-\$44,000
\$85,000+

\$45,000-\$64,000

\$65,000-\$84,000

The Erik Hite Foundation would like to know more about your family. Please give a brief summary of how the Summer Camp Scholarship would benefit your family. Please feel free to include any additional personal information you wish to share. The Summer Camp Scholarship Program is intended to reimburse you for registration fees that have been pre-paid for summer camp attendance for your child/children in 2024. Due to different financial needs among different families, we realize there may be times when prepaying for your child's summer camp tuition is not possible. If you cannot prepay for summer camp please tell us more about your situation. Thank you.

-----For Foundation Use Only-----

Application Complete Y/N Employment Verified Y/N
Award Status Y/N Award Amount _____



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Photo Release Waiver
Authorization and Release

I hereby grant permission to the Erik Hite Foundation to use my child’s image in electronic, print or video media format for foundation purposes. Such purposes are defined as but not limited to advertising, promoting, observation, reflection such as grant writing, fundraising and other elements of the program in which we are using the images of me and my family.

I understand that the Foundation may use such images with or without associating names thereto. I further waive any claim for compensation of any kind for the Foundation use or publication of images of me and/or those of my minor child.

I acknowledge and represent that I am over the age of 18, have read and understand this entire document in its terms and provisions and that I have signed it, knowingly and voluntarily on behalf of myself and/or my minor children. If you need an extra page to add more children’s name please add it to this application.

Signature

Name

Date

Print name of minor child/children

Print name of minor child/children