

Camp Odyssey Scholarship Request Process

Camp Odyssey @ The Salisbury School seeks to provide need-based scholarships to qualified applicants using funds raised through the Camp Odyssey Scholarship Program. We have instituted a scholarship fund so that we can include campers who otherwise would not be able to spend the summer learning and growing with us.

Please:

- Complete the Camp Odyssey Registration Form.
- Attach a letter of request detailing why you want us to consider you for a scholarship and stating how much of the tuition you can afford to pay yourself.
- Submit a copy of your most recent federal tax return (IRS form 1040).
- Attach 2 Letters of Referral, per child. These can be from a teacher, church member, family friend, etc. Returning campers do not need letters of referral
- Attach a copy of each child's latest report card from school.

The scholarship process requires all of this information. Incomplete applications will be not be reviewed until all requested items are received.

If you receive a scholarship you must sign a contract and return it with the first weeks' payment. This contract details the amount of your scholarship and the balance of the tuition due. Payments must be made weekly on the first day of your child's attendance to camp. Failure to uphold your contract will result in your child's dismissal from our program. You are responsible for any additional and/or late fees or collection fees.

Scholarships are available for Early Drop-Off, Day Camp, Teen Camp, and Super Play only. Specialty Camps are not available

If you have any questions please call or e-mail Donna Haag at 410-742-4464 ext.320 donna@campodyssey.org Return paperwork to Camp Odyssey 6279 Hobbs Road, Salisbury, MD 21804

Camp Odyssey Registration Form

Campers Name: _____ Birth Date: _____

Address: _____

Mothers Name: _____ E-Mail: _____

Mothers Home Phone: _____ Work Phone: _____

Mothers Cell Phone: _____

Fathers Name: _____ E-mail: _____

Fathers Home Phone: _____ Work Phone: _____

Fathers Cell Phone: _____

Campers School: _____ Grade (going into next school year): _____

Camper Resides With: _____

Please note any physical restrictions, medications, allergies or other pertinent information:

MUST HAVE Date of last tetanus shot _____ (cannot attend w/o date)

Primary Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Camp T-Shirt Size: __ Child 6-8 __ 10-12 __ 14-16 __ Adult Small __ Medium __ Large __ X-Large

Additional Campers

Name: _____ Birth Date: _____

School: _____ Grade (going into next school year): _____

Please note any physical restrictions, medications, allergies or other pertinent information:

MUST HAVE Date of last tetanus shot _____ (cannot attend w/o date)

Camp T-Shirt Size: __ Child 6-8 __ 10-12 __ 14-16 __ Adult Small __ Medium __ Large __ X-Large

Name: _____ Birth Date: _____

School: _____ Grade (going into next school year): _____

Please note any physical restrictions, medications, allergies or other pertinent information:

MUST HAVE Date of last tetanus shot _____ (cannot attend w/o date)

Camp T-Shirt Size: __ Child 6-8 __ 10-12 __ 14-16 __ Adult Small __ Medium __ Large __ X-Large