



# 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><b><u>Scholarship open to apply from October 1st-April 1st.</u></b><br/><b><u>Decisions will be announced by May 1st.</u></b></p> |            | <p>The <b>entire</b> application must be complete and <b>signed</b>. The following items should be attached to the application:</p> <ol style="list-style-type: none"> <li>1. <b>Coversheet</b></li> <li>2. <b>Official Transcript</b></li> <li>3. <b>Essay</b></li> <li>4. <b>Two letters of recommendation</b></li> </ol>  |             |      |
|  |            | Selection Criteria   |             |      |
|  |            | <ul style="list-style-type: none"> <li>✓ A child who has survived cancer or is a sibling of a child with cancer.</li> <li>✓ Preference to past campers.</li> <li>✓ Preference to those with at least one extracurricular activity.</li> <li>✓ Must write a one-page essay about their experience with cancer and how it has shaped their future plans.</li> <li>✓ Must have a financial need.</li> </ul> |             |      |
| Applicant Information  |            |  |             |      |
| Current High School or College:  |            |  |             |      |
| Applicant's Name:  | Ms.<br>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 2024 |           |
|--------------------------------|-----|-----------------------|---------------------------|-----------|
|                                |     |                       | 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 2024 |           |
|--------------------------------|-----|-----------------------|---------------------------|-----------|
|                                |     |                       | 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 2021 Income Tax Return?  
Yes      No      Not applicable, I am an independent student
3. Did your parents file (or were they eligible to file) a 2021 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 2021 Income Tax Return?  
Yes      No
6. Did you file (or were you eligible to file) a 2021 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)/<br>Guardian(s) | Applicant |
|---|---------------------------|-----------|
| <b>Adjusted Gross Income:</b>   | \$                        | \$        |
| <b>U.S. Income Tax :</b>  | \$                        | \$        |
| <b>Income earned from work (parents/guardians):</b>   | \$                        | N/A       |
| <b>Income earned from work (applicant):</b>   | N/A                       | \$        |
| <b>Child support paid:</b><br><u>Include</u> children living in another household.<br><u>Exclude</u> children living in your household.   | \$                        | \$        |
| <b>Taxable combat pay:</b><br><u>Exclude</u> if it was not reported as taxable income.  | \$                        | \$        |
| <b>Untaxed Income and benefits:</b><br><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.   | \$                        | \$        |
| <b>Cash, savings and checking:</b><br>Enter total current balance of all accounts.  | \$                        | \$        |
| <b>Net worth of investments:</b><br><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.  | \$                        | \$        |
| <b>Net worth of businesses/investment farms:</b><br><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<br>(if applicable) |
|---|---------------------------------------|
| <b>Adjusted Gross Income:</b>   | \$                                    |
| <b>U.S. Income Tax :</b>  | \$                                    |
| <b>Income earned from work:</b>   | \$                                    |
| <b>Child support paid:</b><br><u>Include</u> children living in another household.<br><u>Exclude</u> children living in your household.   | \$                                    |
| <b>Taxable combat pay:</b><br><u>Exclude</u> if it was not reported as taxable income.  | \$                                    |
| <b>Untaxed Income and benefits:</b><br><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.   | \$                                    |
| <b>Cash, savings and checking:</b><br>Enter total current balance of all accounts.  | \$                                    |
| <b>Net worth of investments:</b><br><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.  | \$                                    |
| <b>Net worth of businesses/investment farms:</b><br><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<br>(please check all that apply) |    |    |    | Hours per<br>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/<br>Finish Date | Hours per<br>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: \_\_\_\_\_